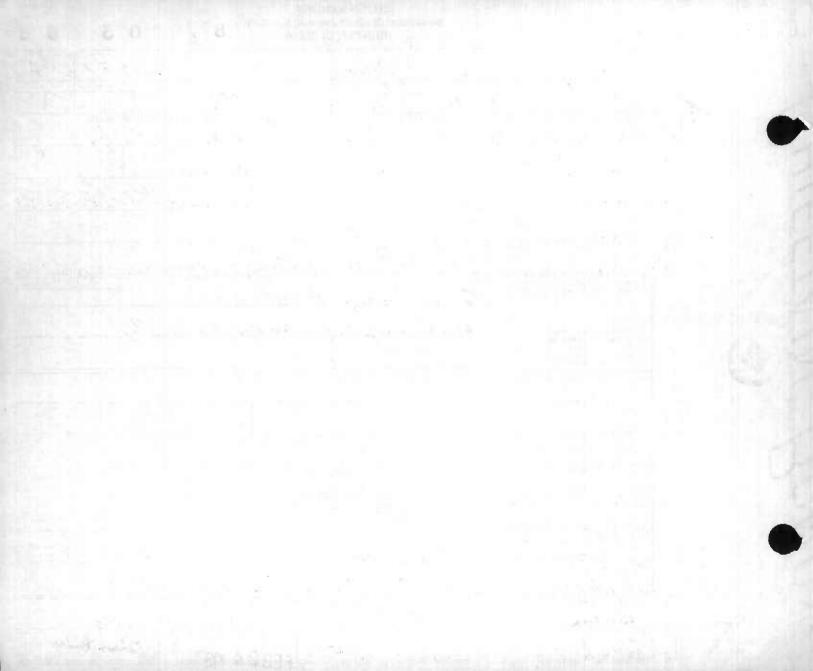
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and the state of t	5		sow the deceased olive o	n	_19, or	d that in (my) (our) opini	an death occurred on the o	date and hour or	nd from the cous	es stated
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ВР	5	(BURIAL	2-24-87	M7 7101	1 Can	BAKTE	, Co	Mo	STATE
DHMH - 16 60A	A 7/84	24 FU	INERAL DIRECTOR	IOA	ORE 9/5	25a. C	DATE REC'D. BY REGISTRAL	256 REGISTRA	R'S SIGNATURE	AS.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

20 DATE OF DEATH

DHMH - 16 60M 7/B4 (VRA 1S, 4)

230 BURIAL CREMATION, REMOVAL

BURIAL

- STATE

REGISTRAR

E.T. PHILLIPS 1721 N. ADOMONROE STREET

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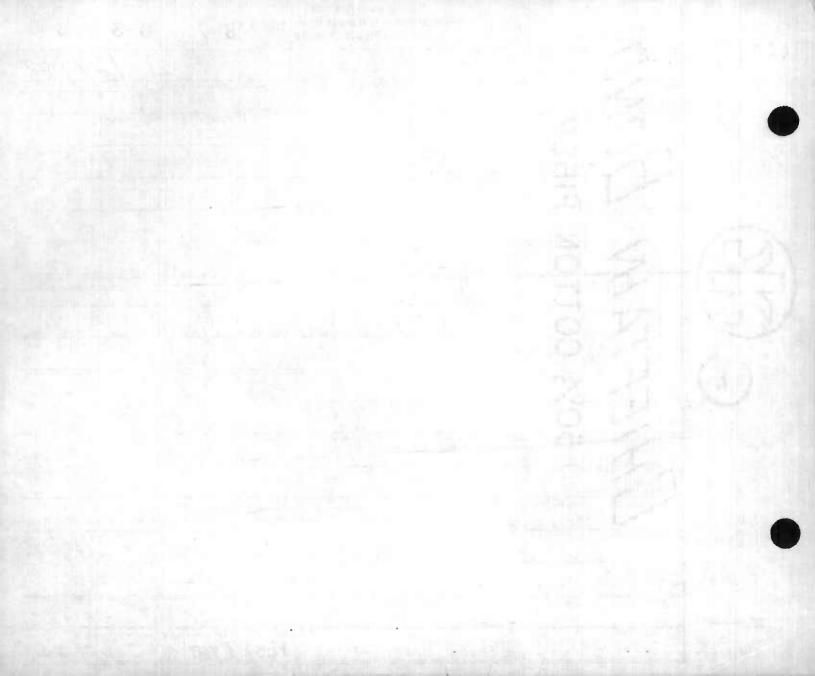
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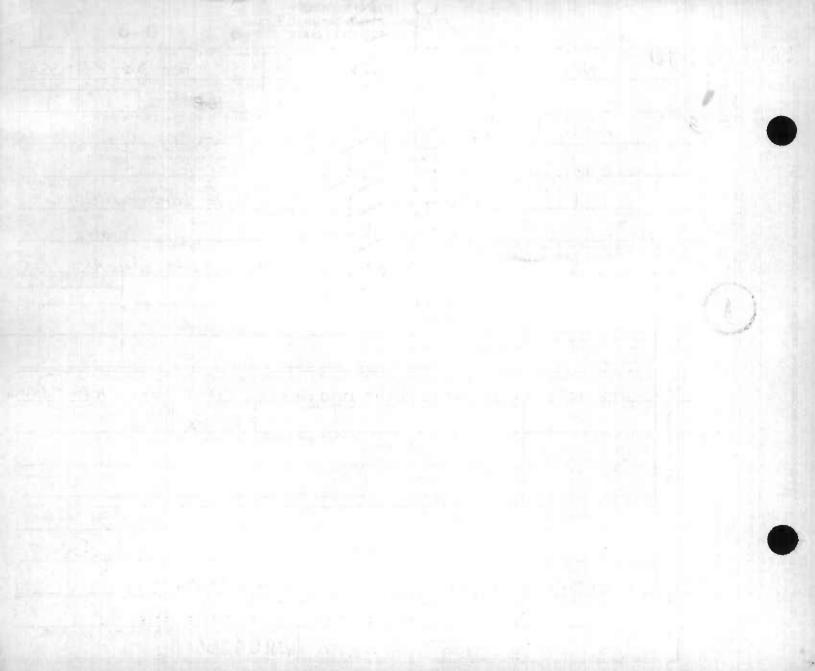
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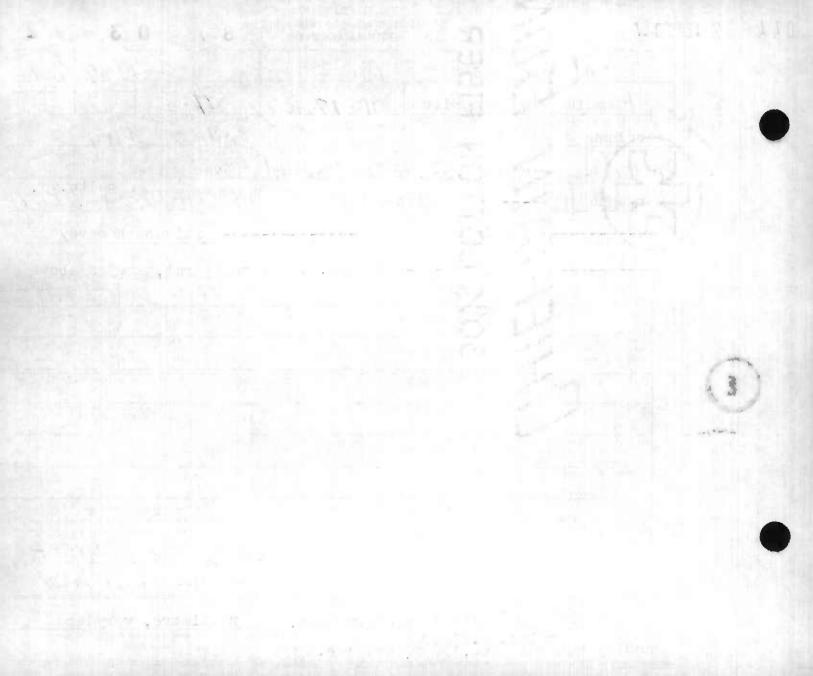


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WD.	NON THE)4. F/	ATHER'S NAME	MIDE	DLE	LAST		15. MOTHER'S M	AIDEN NAME	MIDDI	ı E		LAST	
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WO			VAS DECEASED EVER	IN U.S. ARMED F		166 SOCIAL	SECURITY NO.	17 INFORMANT		/	ADDRESS			
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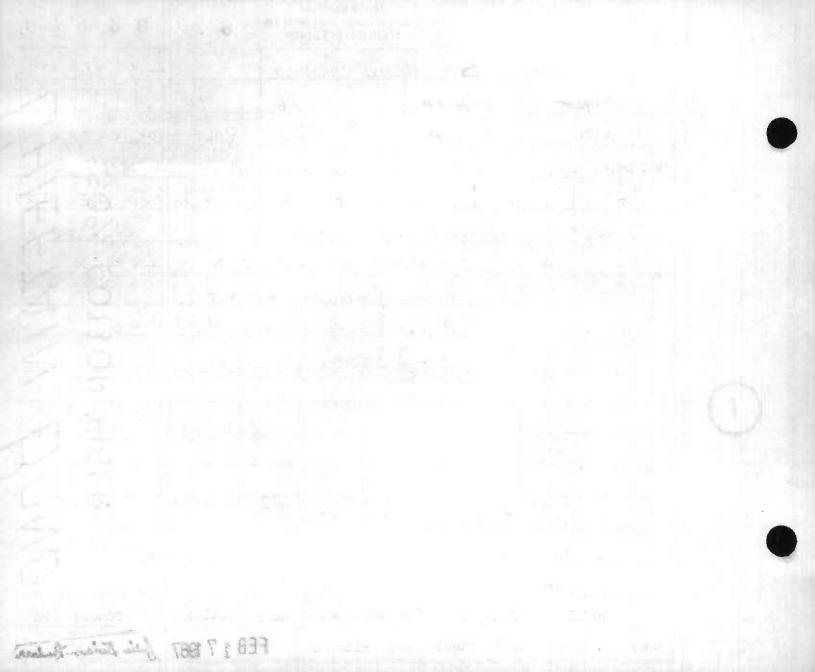
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ATTEND Sepitol o SCTOR A d for use t of Hea			ti view the body ofter death.		death occurred on the date and	hour and from the causes stated
8 4 8 9 9 9		226. SIGNATURE	view the body offer death.	DEGREE		27c DATE SIGNED
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DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR	ADD	25e. DAI	TE REC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNATURE
(VRA 15, 4)		Wm C. March F/H		Wabash Ave. MAR	104 198/	



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he la on. ihos peri	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION V	VAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN	G CAUSES	OF DEATH?
SICIAN. THing physicic certificate intoletrons entol Hygar frem 18 ship.		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR	It HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
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VITENDIA Spitol or CTOR Af for use o of Health		22a.l certify that (1) (this hospite saw the deceased alive an above, (1) (we) (did) (did not	19		hot in (my) (our) opinion de	to eath occurred on the do	te and hour or		hot (1) (we) lost couses stated
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BP		URIAL, CREMATION, REMOVAL BURIAL	236 DATE 2/23/1987 236		etery or crematory n cemt.	23d LOCATION CITYOR TOWN Raltimo	re, Ma	aryla:	nd state
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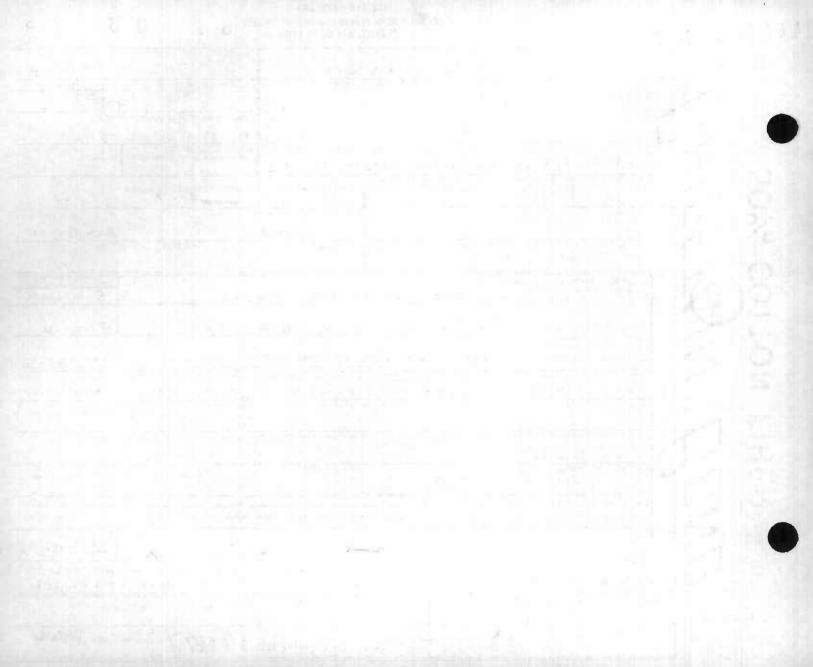
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24 FUNERAL DIRECTOR

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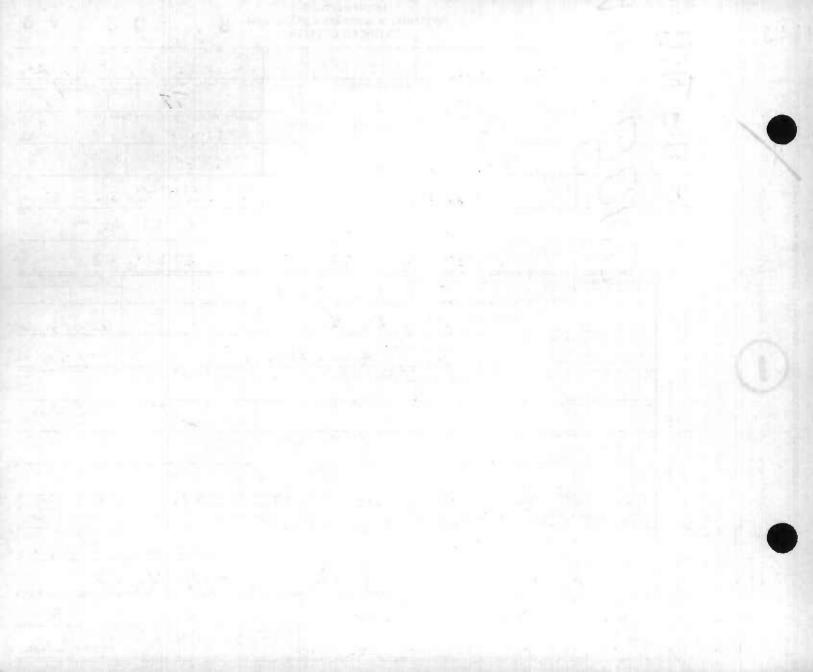
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RAL DIR detoche state Dep		Suchakaul 224 PHYSICIAN'S NAME CLYPE	us Keenamnen m	7-0:-	MEDICAL STAFF DIRECTOR PHYSICIAN	
should be det with the State		SUDHAKARA R-	KUN AMNEN)	22,3. GREENE	ST; BALTIMOR	AND HOSPITAL E . MD -21201.
.,3		BURIAL, CREMATION, REMOVA (SPECIFY) Removal	23b. DATE 23c N	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
MH - 16 60M 7/84	24 F	UNERAL DIRECTOR NAME State Ana	tomy Board ADDRESS	Balto. Md. FE	B 1 7 1987	GISTEAN SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-Allen Beulah DEATH MATED 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH DATE LAST BIRTHDAY) DAY PRONOUNCED black female. DEAD YRS 17/19 87 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY Va US WIDOWED A DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Retired Baltimore UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 13c. CITY OR TOWN 130 STREET ADDRESS Broad Street 13d INSIDE CITY LIMITS? Penna PHIL YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Black. Lottie Joseph 69 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) (FYES, GIVE WAR OR DATES) 1814 E. Federal Street Geraldine Shine N/A No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVA PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Asphyxia IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which Binding and Gagging gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH ? P.M. 1/87 19 subject found bound and gagged 21d INJURY OCCURRED 21e PLACE OF INJURY TATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK basement 27th St Balto, City, 220. I certify that I took charge of the remains described above, held on Inspection and in my opinion death resulted fram: Notural causes Hamicide X. Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNATURE 2/18/87 EXAMINER'S NAME Gregory R. Kauffman, M.D. TYPE OR PRINT 111 Penn St. _ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Buria1 2/24/87 Baltimore Cemetery Baltimore Md 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Wm. C. March F/H 1101 E. North Avenue (VR A15 ME (5))

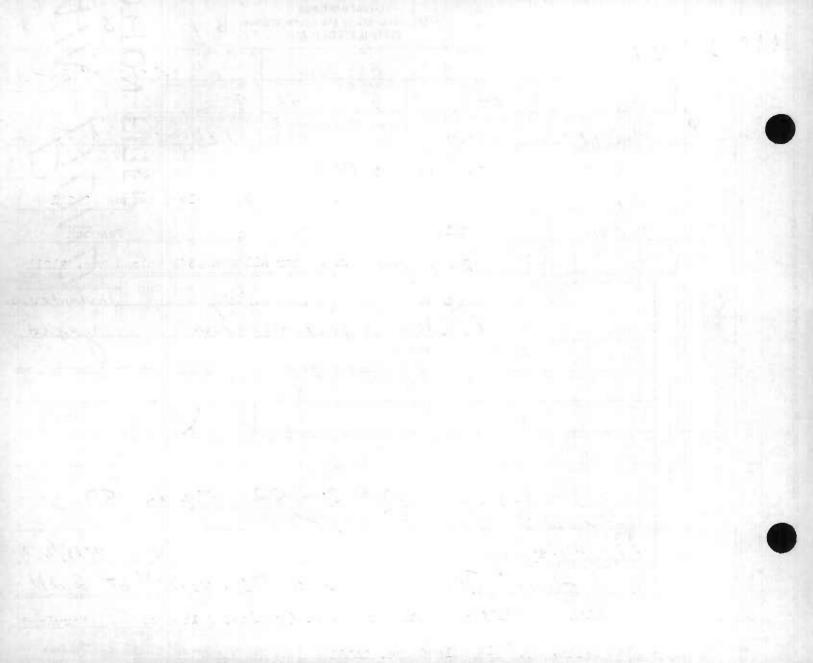


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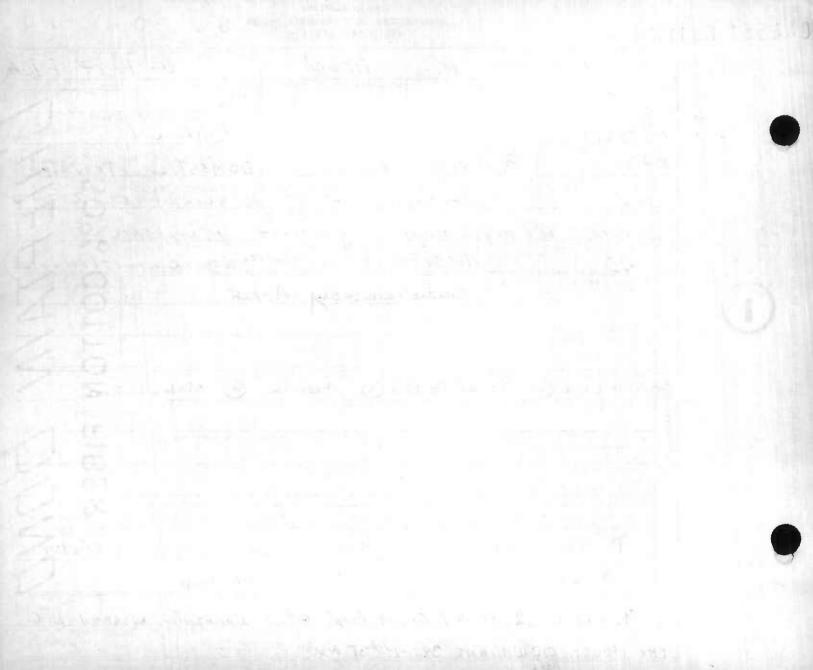


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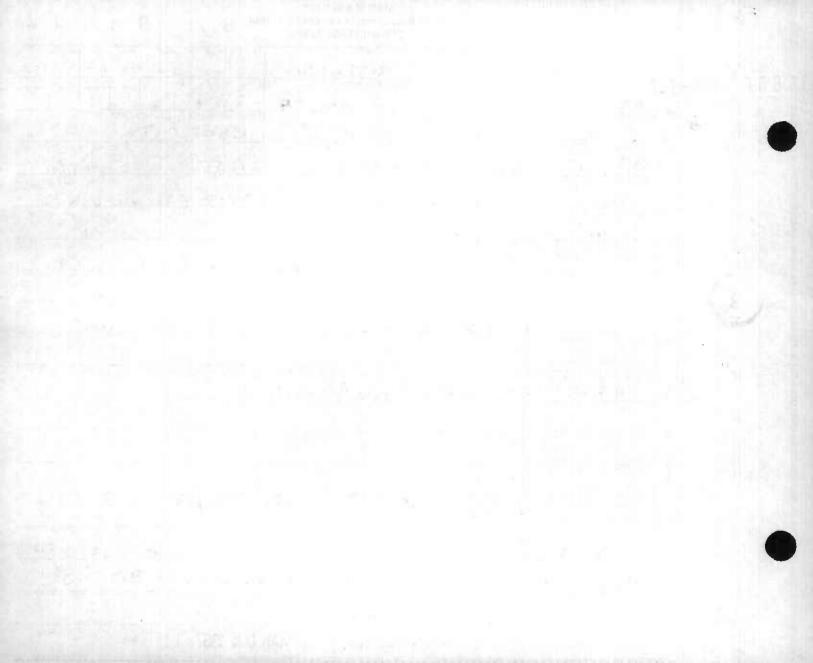


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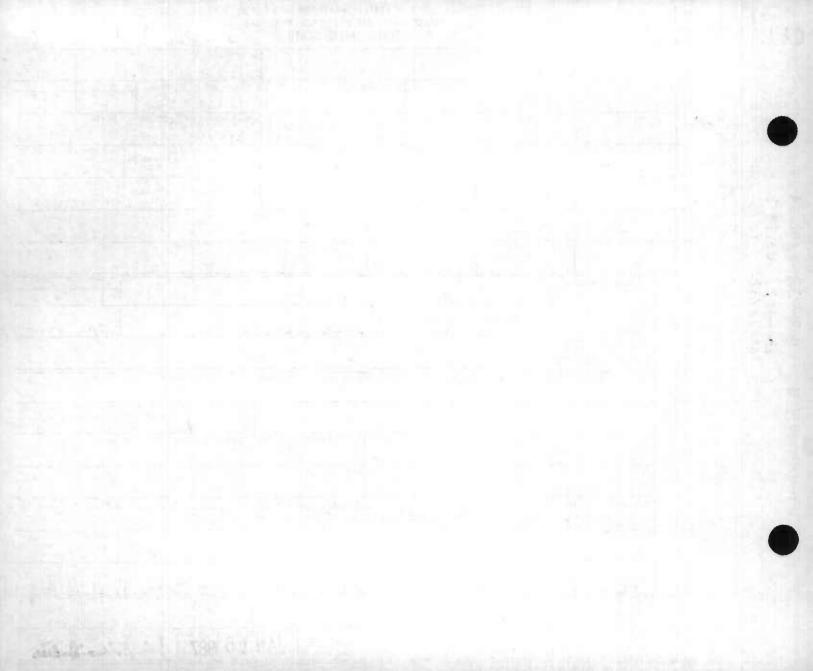
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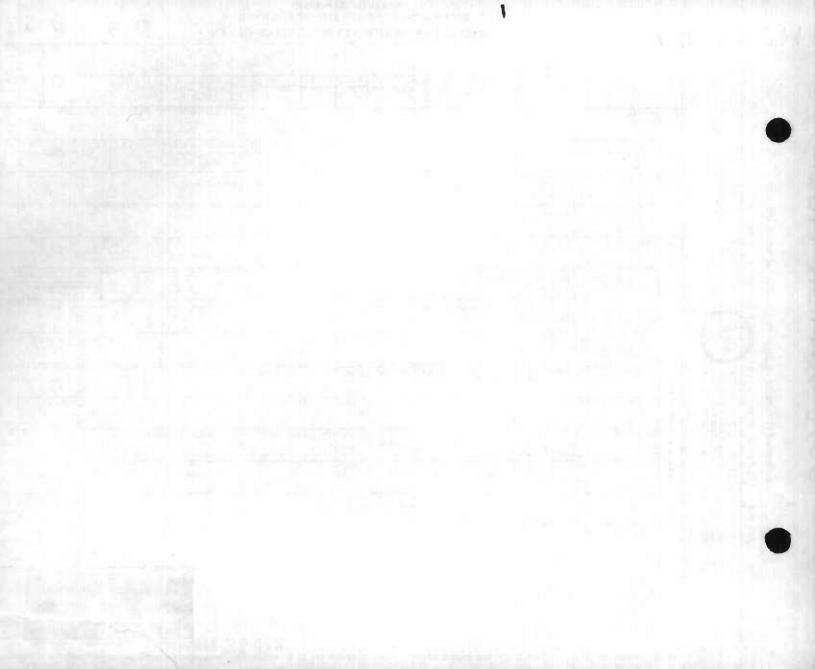
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NO	HYSIG	burnal-tr Mental	or He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e. PLACE OF INJURY	19 Y	211 LOCATION			
INISI	G Pi	s the	morked	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC)	STREET	CITY OR TOV	VN COU	JNTY STATE
۵	NO	se o	s mor		22a 1 certify that (1) (this hosp		d fram	1/10 , 1987	to1	/11 19.87	that (1) (we) last
	TTE	for t	21 :		saw the deceased alive ar abave (1)(we) (did) (did no	at) view the bady after deat	19.8.7 and	that in my (our) opiniar	death accurred on the da	te and have and fro	
	OR ATT	DIRE ched	hem		226. SIGNATURE			EGREE			. DATE SIGNED
	TAL y	- e	<u> </u>		Daniel I Cler	nens,	M.D. C.	ATTENDING PHYSICIAN	MEDICAL STAF		11/87
	HOSPITA	FUNERAL old be deta	MPORTANT		22d PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			
	O HOS	should be	WPC		DANIEL & C	le mens		600 N WOLF	estreet J	ohns to	phins Hospita
					URIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Y STATE
	BP.			24 FI	Burial	Jan. 15 19	87 Meado	wridge Mem	Hark H	oward C	O. Md.
		- 16 60M			NAME		ADDRESS	21231	Hark H	Julia Dáno	IGNATURE
	10		=		illy & Zeile	r, Inc. 1901	Eastern	Ave. I	1 2 007	Quent Kither	CAN BOTTON



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O'REGISTRAR DECEASED NAME OF ESTI-26 HOUR (TYPE OR PRINT) DEATH MATED LOVETTE ANDERSON 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE AST BIRTHDAY PRONOUNCED female hlack 1962 DEAD 2-8-87 19 5:15A To BIRTHPLACE (STATE OR FOREIGN COUNTRY) 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED US Baltimore City DIVORCED WIDOWED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS South Baltimore General Hosp. for most of working life! Mail Clerk Baltimore UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Ila. STATE Md Baltimore 13d INSIDE CITY LIMITS? 3040 Southland Avenue 113b COUNTY NO 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Herring Fowlkes Juanita Lanstan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 166, SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) McSwain 5608 Park Heights Avenue Vera 70. 4845 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Stabwound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 1 218 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 4:10A 2-8-8 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject stabbed 2-8-87 218 PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC 1 CITY OR TOWN WHILE AT WORK 3300 Round Road street Baltimore, Maryland Autopsy X 220. I certify that I took charge of the remains described above, held on Inspection Inquiry and in my opinion Homicide X death resulted from Natural causes Undetermined manner PACE 4 SHOULD F TO FUNERAL DIRE AFTER DEATH, WIT BALLIMORE, MARY TITLE (SPECIFY) ACTUAL DATE SIGNED 2-8-87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. Penn Street (TYPE OR PRINT) _ADDRESS_ 236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFE BURIAL 2/13 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION King Memorial Park 2/13/87 Randallstown MA 97.184 2584 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 A ta Lerdon. Wm. C. March F/H 1101 P. North Avenue (VR A15 ME (5))

STATE OF MARYLAND



		STAT	E OF MARYLAND		
	FOR STATE REGISTRAR	CERTIF	ICATE OF DEATH	ENE 8 7	04000
4596 FEB 19		rederick William			ONTH DAY YEAR 26 HOUR 847
oge deoth	FREDER				2 13 87 1847 AM
ector, po	3 SEX Male	RACECaucasian S. DATE C. MONTH	DE BIRTH 09/02/94	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
2 50 21	To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	D X NEVER MARRIED	BALTIMORE CITY OR	
1/11/22	Maryland	USA widowi	D DIVORCED	BALTIMO	RE CITY MD.
1 40 H	BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL ACRES HOSPITAL HOSPI	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Butcher	12b. KIND OF BUSINESS OR INDUSTRY A & P Foods
AND 215	JSUAL RESIDENCE (IF NURSING HOME O 30. STATE Maryland Balt		138. INSIDE CITY LIMITS? YES NO 🔯	33 Edmond	Son Ridge Rd.2122
MARYL mplintes	FATHER'S NAME FIRST LOUIS	Anger	Annie	E MIDDLE	Schuckman
Me con lico	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
Pog . Pog	NO NO	A 213-01-2186	Mrs. Phoebe	E. Anger	Same as # 13
RDS, 201 W. PRESTON ST equires that the death cert is signed by the after that in the Then pleose improve carbon to buriol, crear their are injury, or office I training		DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease or condi	TION GIVEN IN PART I (a)
ne low requor.	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	10b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL NG PHYSICIAN: The ottending physicio stranding physicio	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE		
DIVISION DING PHY or ottendir After this e as the bu ofth and the bu marked or Amarked o	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIFICATION OF THE CORE OF	saw the deceased alive ar obove, (I) (we) (did) did no	of the deceased from 19 19 1, or	nd that in (my) (our) opinion de	, to 7 - 13 eath accurred on the date	and hour and from the causes stated
taching the Distriction	226. SIGNATURE Kollvern	ne Krowich	ATTENDING PHYSICIAN	escolent MEDICAL STAFF DIRECTOR PHYSICIA	27 DATE SIGNED 2-13-87
TO HOSPITAL reformed by t TO FUNERAL should be det with the Stote	KATH ERING	e TKACZUK	900 S. Cat		Balto., MD 2122
BP	230 BURIAL, CREMATION, REMOVAL Burial	236. DATE 236. NAME OF C 02/16/87 Lorrai	me Park Cem.	Wood awn	Baitimore, MD
	24 FUNERAL DIRECTOR	102/20/07 1201141			REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)	MacNabb Funera	al Home Catonsvill		8 1 8 1987	Julia Devider Rudale

title , storming of the contract of the contract of the Lacrett Lacrett House Respondences, and FEB 1 8 200 And John Marines

73b. DATE

FEB.16,1987

SOL LEVINSON & BROS., INC.

BALTO MD

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

6010 REISTERSTOWN RD.

(SPECIFY) BURIAL

24 FUNERAL DIRECTOR

- STATE REGISTRAR I DECEASED NAME DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND

REG. NO.

MONTH

02

7b. HOUR

126 KIND OF BUSINESS OR

21208

HAFTKA

APPROXIMATE INTERVAL

NO [

STATE

APT. 610

21208

20b. IF YES, WERE FINDINGS USED

COUNTY

Befuerdere

21215

YES [

IN CERTIFYING CAUSES OF DEATH?

IF UNDER I YEAR

INDUSTRY AT HOME

20. DATE OF DEATH

250 DATE REC'D. BY REGISTRARYS DEGISTRAR'S SIGNATURE

23c NAME OF CEMETERY OR CREMATORY

21215

BALTIMORE HEBREW

, Mary Pand

BALTIMORE

MARYLAND

22c. DATE SIGNED

ments to the state of the state of i Blunder X Ishmare Chy Section 1 Section 1 Section 1 Section 1

23b DATE

02/20/87

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

Sa DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Burgee-Henss Funeral Home, Bartimore, Md 21211

23¢ NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

STATE OF MARYLAND

Pikesville, Balto.Co., MD

COUNTY

2b HOUR

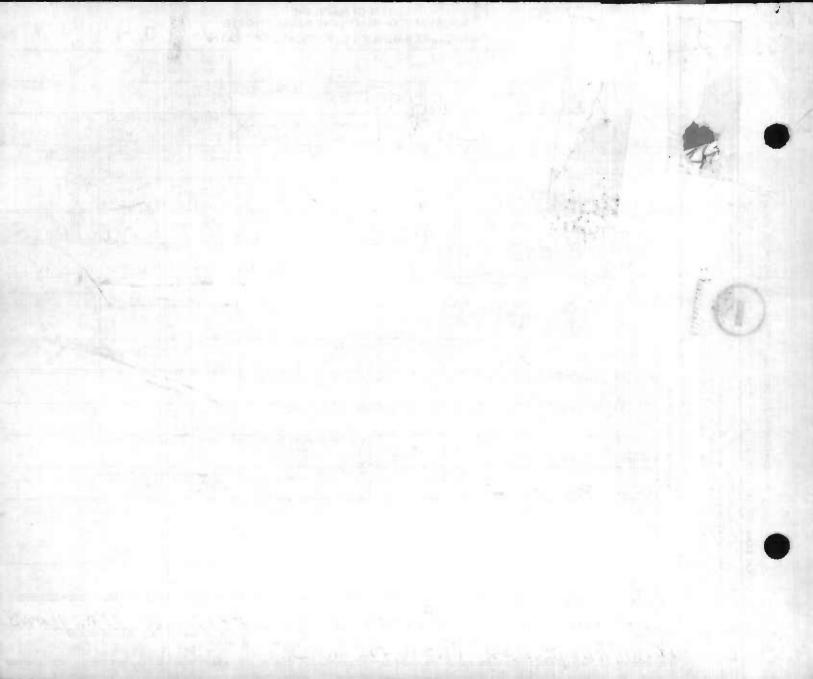
126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

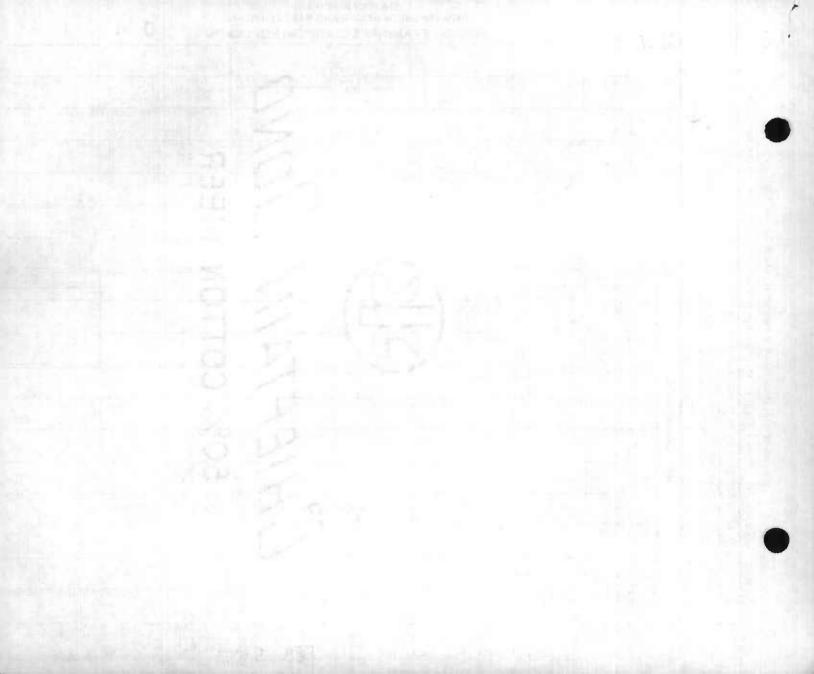
Edgewwood Arsena

21211

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN MONTH TYPE OR PRINT OF ELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. 1 PAGE 5 FOR YOUR FILES. BE FILED WITHIN 72 HOURS AND WENESTON STREET. CYNTHIA DEATH MATED ARCHER 149.87 1 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 3 SEX 2c. DATE MONTH LAST BIRTHDAY PRONOUNCED DEAD 76 CITIZEN OF 9. BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE MARRIED | NEVER MARRIED Baltimore City WIDOWED DIVORCED FORM PM 3. RETAIN PAGE 5
ES 1 AND 2 SHOULD BE FILED.
ON OF VITAL RECORDS. 201 W 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Baltimore 2224 Round Rd. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a, STATE 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME MIDDLE U.S. ARMED FORCES? 7. INFORMAN ADDRESS (YES, NO, OR UNKNOWN) I HE YES. GIVE WAR OR DATES UN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERNAL SETWIEN CHILET AND DEATH PART I DEATH WAS CAUSED BY: Fatty liver IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 16 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 2To HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR HOUR A.M. MONTH DAY YEAR P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE WHILE TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S 22a I certify that I took charge of the remain described above, held on and in my opinion death resulted from: Homicide Undetermined monner TITLE (SPECIFY) **ACTUAL** Assistant MEDICAL EXAMINER 2-22-87 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) ADDRESS 23a. BURTAL, CREMATION, REMOVAL 23b. DATE 07/B4 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTEAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH I REGISTRAR CEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF DEATH MATED HOWARD ROBERT ARMENTROUT 4. RAC AGE (IN YEARS | IF UNDER 1 YR DAY IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED Nov. 14. 1961 25 DEAD 3:09a Male White 2-7-87 19 7b. CITIZEN OF WHAT COUNTRY? . BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX FOREIGN COUNTRY) Maryland II.S.A. WIDOWED [DIVORCED Baltimore City IL CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION STYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Light Industria Baltimore Kev Medical Center Laborer UAL RESIDENCE HEIN NURSING OME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONS 13c. CITY OR TOWN J. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland Dundalk NXX 6840 Dunbar Road 21222 YES [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Armentrout Ella May Haigis Lawson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. 216-74-4313 Ella May Armentrout Same as # 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ig. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH occupant of an auto which struck the rear of 2-7-8710 2:28Am 21e PLACE OF INJURY (ATHOME STREET, FACTORY, FARM, ETC 1 WHILE AT WORK Merritt Blvd.@ Old North Pt. Rd Balto.Co.,Md. hawy. 220 I certify that I took charge of the remains described above, held an Inspection and in my apinian Hamicide Natural causes Undetermined manner TITLE (SPECIFY) 2-7-87 Assistant Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 2/11/87 Loudon Park Baltimore Maryland Burial 07/84 4 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Leroy M. & Russell C. Witzke Funeral Homes P.A **DHMH - 17** (VR A15 ME (5)) 1630 Edmondson Avenue, Catonsville, MD. 21228



	1.	FOR - STATE REGISTRAR	DEI	PARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYO CICATE OF DEATH	GIENE 8 7	0 4	0 1	1
4 111	DE	GEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HO	UR
	1	vern	on L.	armi	ger	reb. 18	3. 1987		м
	1. SE	/	4. RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER		ER 24 HRS
	/	male	White	May	8, PAY 901 EAR	85	YRS.	DAYS HOURS	MIN.
516	Ja. B	COUNTRY Land	76 CITIZEN OF WHAT COU	NTRY? 8	DEVER MARRIED	Paltimore City			***
O Onfined	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME (OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION 12b K	CIND OF BUSIN	MD. NESS OR
35	USU 13a	altimore AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE INTY 13c. CITY OF	E BEFORE ADMISSION)	Ralto.Md.	13e STREET ADDRESS	/ ZIP CODE	2123	30
\$100		ryland ATHER'S NAME	Bal	timore	YESX NO		ry St. Ba	alto.M	rd.
300	14. F.	Toseph -	MIDDLE Armie		15 MOTHER'S MAIDEN NA FIRST Floren	MIDDLE	VY	ight	
0,		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDR		LIBITO	
medi		NO NO	ive war or dates) 219-	-05-583	omrs.Anna	Armiger,	ame as a	above	
or other traumatic e		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OMSIA GON	SEQUENCE OF	te Ins	alance seuse	2		
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	GIO DEATH BUT	NOT RELATED TO THE TERM	MIN AL DISEASE OR CON	IDITION GIVEN IN PA	ARI Ito	
9	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?		
18 18		?10. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE		H DAY YEAR	21E HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR P.	ART 2)	
ohad or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	(AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUN	MEA	STATE
7 of field m 21 is mo				19 AT., 8	nd that in (my) town apinion	death occurred an the d		im the couses s	
out # No	II.	2 Vall	ello >	N	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF 3	PATE SIGNED	77
100		Jorge vai	llecillo, M	.D.	1319 Tight	st.Balto	.Md.2123	0	

230 NAME OF CEMETERY OR CREMATORY

cedar Hillcemetery

metery Balto. A A Co. Mary land

136 Date RG D. By REGISTRAR 266. REGISTRAR'S SIGNATURE

EB 2 0 1987 For a Paradorn Condition

DHMH - 16 60M 7/B4

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

236 DATE

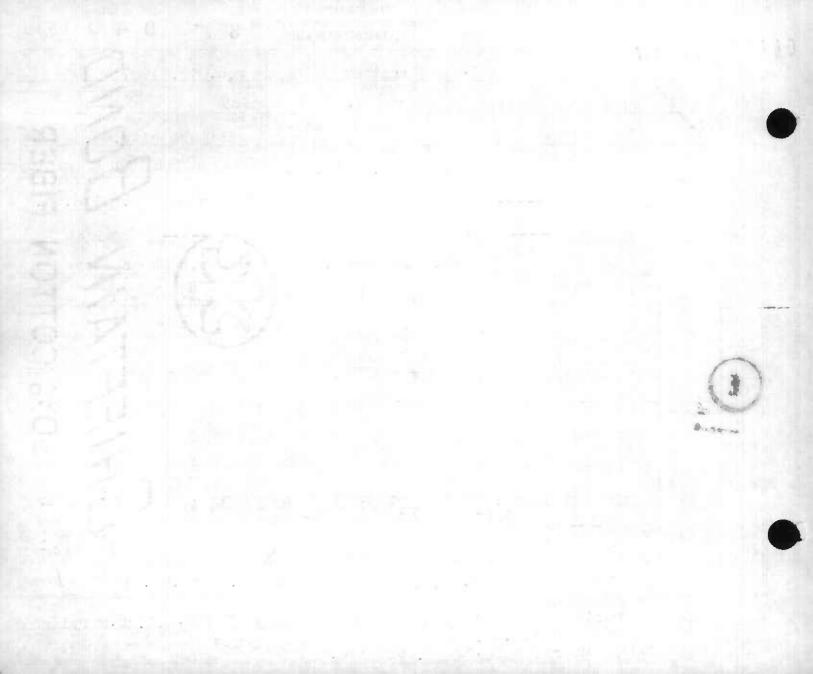
1987

Balto.Md.21230 Funeral Home, 130 F. Fort

(VRA 15, 4)

BP.

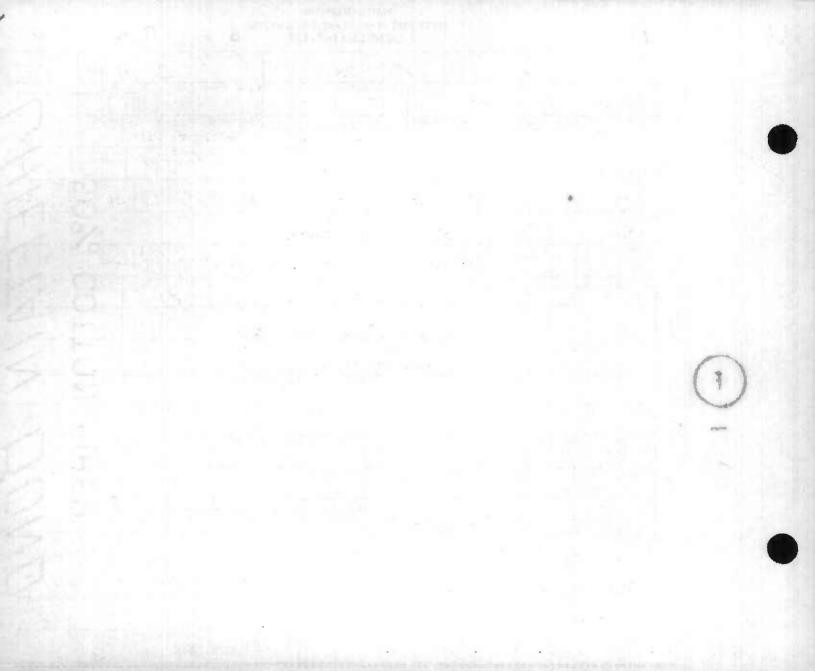
O FUNERAL DIRECTOR



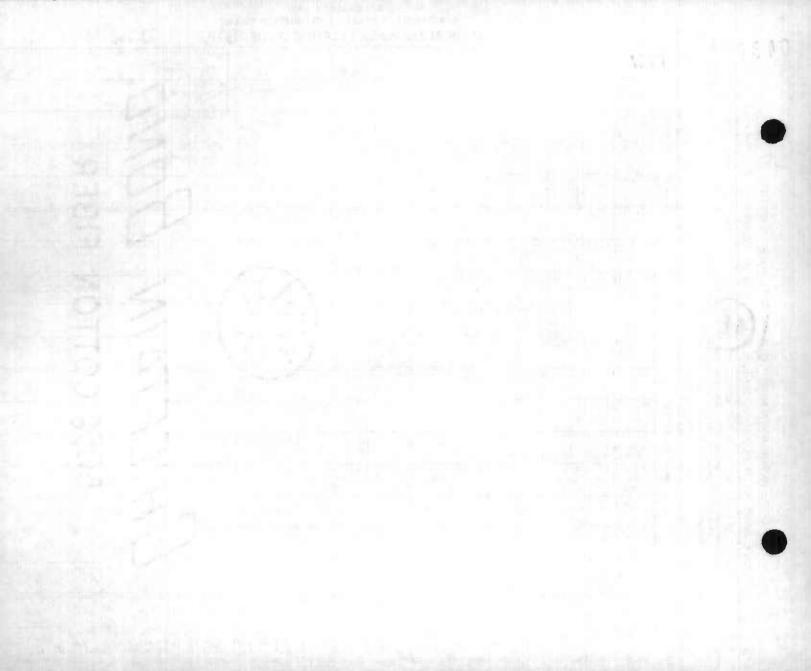
[1		STATE OF MARYLAND
8	1	FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
4744 FEB 20	17	REGISTRAR	CERTIFICATE OF DEATH 8 PREG. NO.
		CEASED NAME FIRST	MIDDLE LAST 10. DATE OF DEATH MONTH DAY YEAR 26 HOUR A
may be page 3 fer death		FLI	ZABETH ARMSTRONG 02/14/1987 5.34 "
The position of the control of the c	3 SE	X	4. RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS
oge 4		FEMALE	BIACK 3 13 09 // YRS
P. P	7a. B	IRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OF COUNTY OF DEATH
deat deat		5.6.	USA WIDOWED DO DIVORCED BAITO. CITY MD.
fer d with to	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF BOT INSUCH FACILITY GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
201 File file		BA 170.	NORTH CHARLES GENERAL STEAMShip TRAVE.
ND 21.		AL RESIDENCE (IF NURSING HOME	
rthin ithin 2 sho	14. F	ATHER'S NAME	15 MOTHER'S MAIDEN NAME
MAR mpless		(PFF	MIDDLE CALLAST FIRST MIDDLE LAST
H 2	160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 31213
BALTIMOR			GIVE WAR OR DATES)
of the state of	\vdash	100	Part Described Tool Reserved
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	conty one couse per line for 101, (b), and (c).) SED BY NATE CAUSE IN THE COUNTY METABOLIC A CIDOSIS
IS I		IMMED	DIATE CAUSE 10) BOOT L METTER SOLL TO SOLL
PRESTON	Ü.		DUE TO, OR AS A CONSEQUENCE OF SEPTICE Shock
E SE		Conditions, if ony, which gove rise to immediate	1 16) - PROISING SCITTE ONO
* 1111		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF
5 4 4 4 4			(c)
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on view	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED
REC low low was or me per me p	FIG	DAIL OF OFERATION	IN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The offending physician fire this certificate has she buriol-transit p th and Mental Hygier orked or Item 8 shou	ERT	210. ACCIDENT WAS UNDERLYING	YES NO YES NO 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DF VIII		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DAY YEAR
ON O IYSK ding s cert burial Mente	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)	P.M. 19
PHY Hending the bund Wed or ed or	Am	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
DINO or or o		AT WORK AT WORK	isolital) attended the decensed from \$21081 to \$7 to \$21141 to \$7 that if (makes)
Z a S a s	Ы	saw the deceased alive	
RECTIPLE FOR THE PART OF THE P	125	above, (1) (we) (did) (did 27b, SIGNATURE	not) view the body offer death.
0 0 0 0 0	13	IN SIGNATURE	DEGREE ATTENDING MEDICAL STAFF 21 5 8
by the det		22d. PHYSICIANS NAME LIVE	PHYSICIAN DIRECTOR PHYSICIAN
HOSP Bined b FUNE Sold be that the S		TA	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
TO HOSPITAL retained by the TO FUNERAL should be detained the Store Important in the Store Important: Importan		0 111	MITTEIN BACTIMONE MO 21218
	230.	BURIAL, CREMATION, REMOV	12/10/20 1/ A COUNTY STATE
BP		Burral	13/14/87 King Maninal PK Kandallstown MD
DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR	ADDRESS
(VRA 15, 4)		March Luvi	ever Home 1101 E. North Ale LU I 3 DOI Julia Minden Laise

Wm. C March, Inc. 1101 E. North Ave.

(VRA 15, 4)



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN TX 7h HOUR OF ESTI-Charles 4/ 1987 Ashlev ND 3 TO THE FUNERAL DIRECTOR. STAIN PAGE 5 FOR YOUR FILES. DULD BE FILED, WITHIN 72 HOURS CORDS, 201 W. PRESTON STREET, Jr. 4. RACE 3 SEX 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF LINDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED DEAD 1987 64 Male Black D YRS 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! USA WIDOWED [DIVORCED Baltimore City Beaufort S.C ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! 3921 Wabash Ave. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONAL 3921 Wabash Ave. 21215 13d INSIDE CITY LIMITS? 13a STATE BALTIMORE, MD. 2120 Baltimore YES X NO [Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Chisholm Ashlev Sr. Mattie Charles 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS I LIF YES, GIVE WAR OR OATES 245-03-1315 Lurene B. Harris 1101 Leigh Ave. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) M. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION Carcinomatosis, Chronic Obstructive Pulmonary Disease 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORM
TO FUNERAL DIFFCTOR P
AFTER DEATH, WITH THE ST
BALTIMORE, M. R. LAND 220. I certify that I took charge of the remains/described above, held on Autopsy Inspection and in my opinion deoth resulted from: Notural couses & Homicide Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 2/5/87 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 230, BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Char Totte 2/11/87 Beattle Ford Mem. Cem. Burial 07/84 24. FUNERAL DIRECTOR March F/H 4300 Wabash Ave. 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN [IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3, RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS. AL RECORDS. 20 W. PRESTON STREET, ESTI-DEATH MATED DEb. 17,1987 (NMN) Jonathan Aushy DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR LAST BIRTHDAY) DAY PRONOUNCEDFebruary July 15, 1969 Male Black. 17 YRS 7g. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE OR INDUSTRY Baltimore South Baltimore General Hospital Student High School SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE N36 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? A A Co. 182 Morris Hill Avenue Maryland Glen Burnie NO X 21061 RS AFTER DEATH. IF.
GIVE PAGES 1, 2, 4
VITH FORM PM 3.
PAGES 1 AND 2 SH
DIPPEION OF VITAL B S. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jonathan Ausby, Jr. Shirley Booker 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Father) IYES, NO. OR UNKNOWNS I (IF YES, GIVE WAR OR DATES) 218.90.7421 Jonathan Ausby, Jr. #13 Same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PRESTON ST. PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) Hypertrophic Cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate WHER THIS CAN THE WORK THE MEDICAL ENTER FORWARDED TO THE CHIEF MEDICAL ENTER FORWARDED TO THE CHIEF MEDICAL ENTER STATE DEPARTMENT OF HEALTH AND MENTHER STATE DEPARTMENT OF HEALTH AND MENTHER STATE DEPARTMENT OF BURIAL, CREMATION OF cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESVY NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 21d INJURY OCCURRED 21e PLACE OF INJURY TATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OF TOWN STATE COUNTY PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, X MARYLAND, 22a I certify that I took charge of the remain d abave, held an Inspection death resulted from: Natural call Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 2-18-87 Assistant SIGNATURE Gregory R. Kauffman, M.D. EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Feb 21, 1987 Cedar Hill Cemetery Brooklyn Park, A A Co. Burial Md. 07/84 BP 25M 14. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 FFB 2 3 1087 (VR A15 ME (5)) Glen Burnie, Maryland Singleton Funeral Home Adia Troider P



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

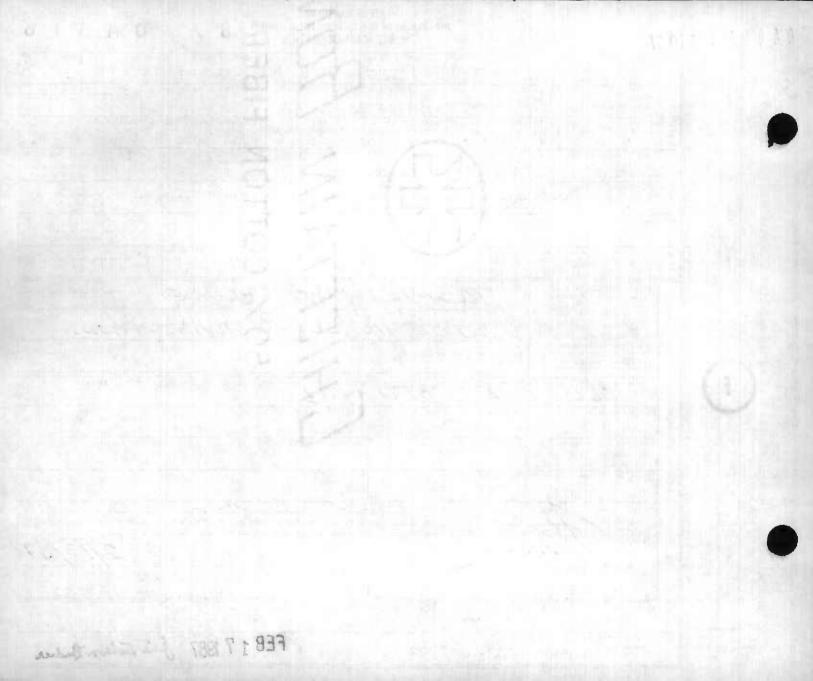
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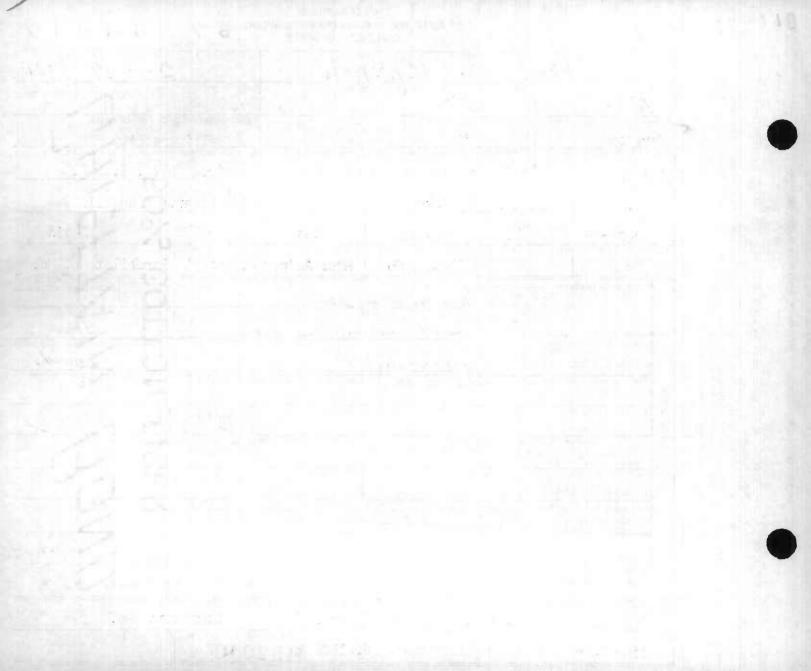
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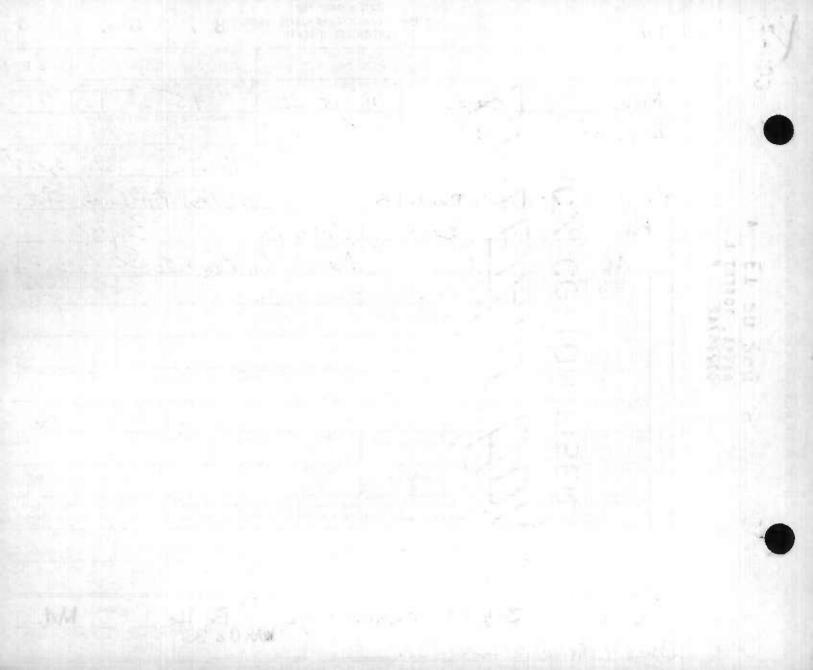
Julia Davidson Readall



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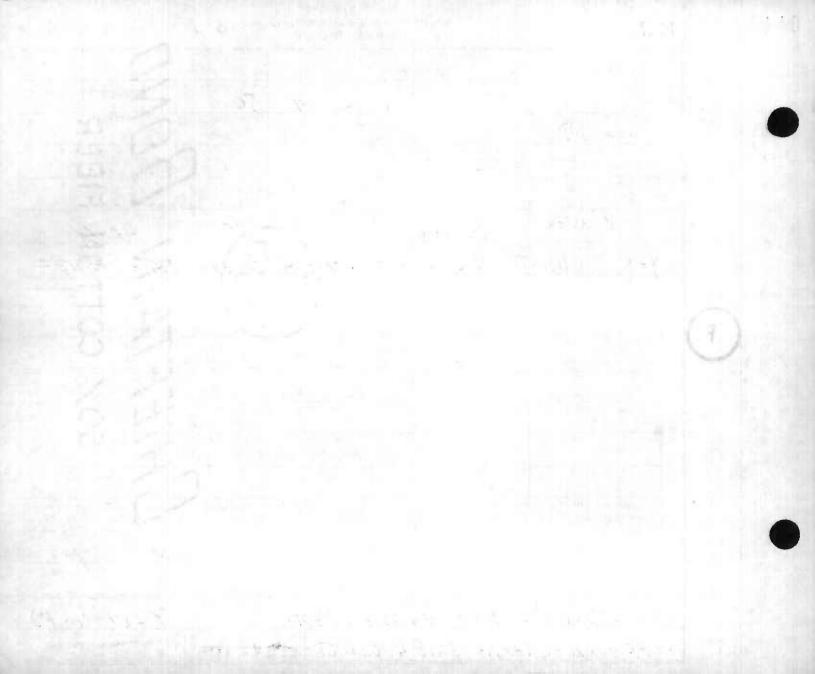
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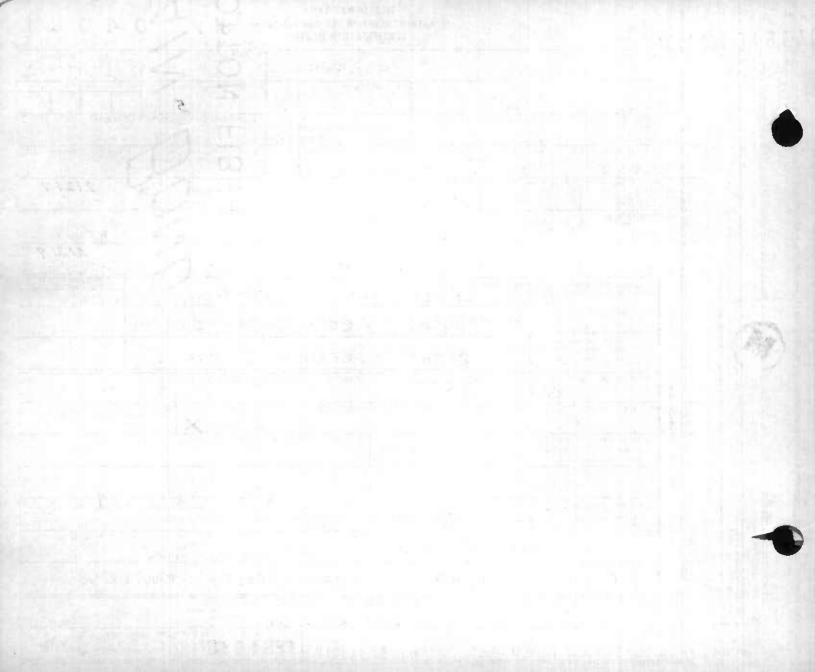
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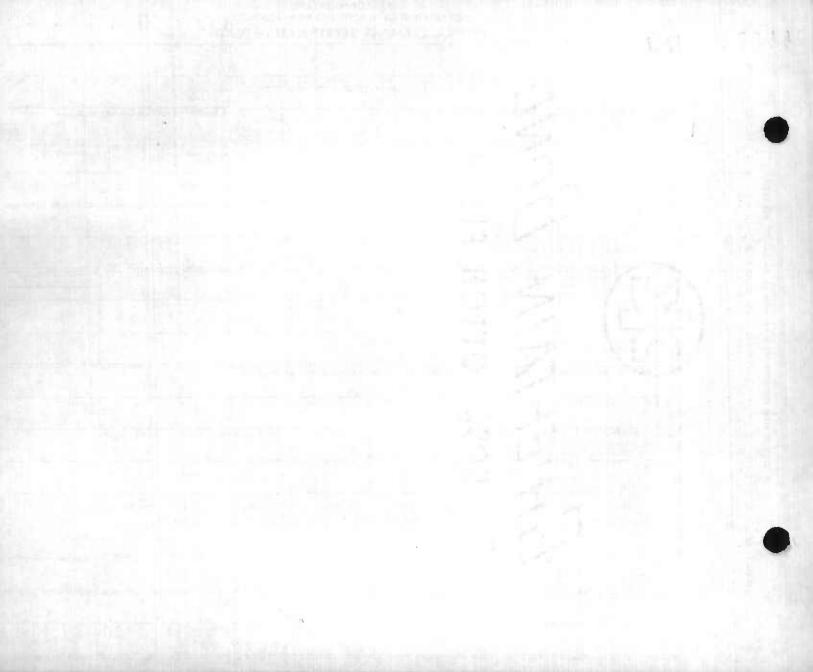
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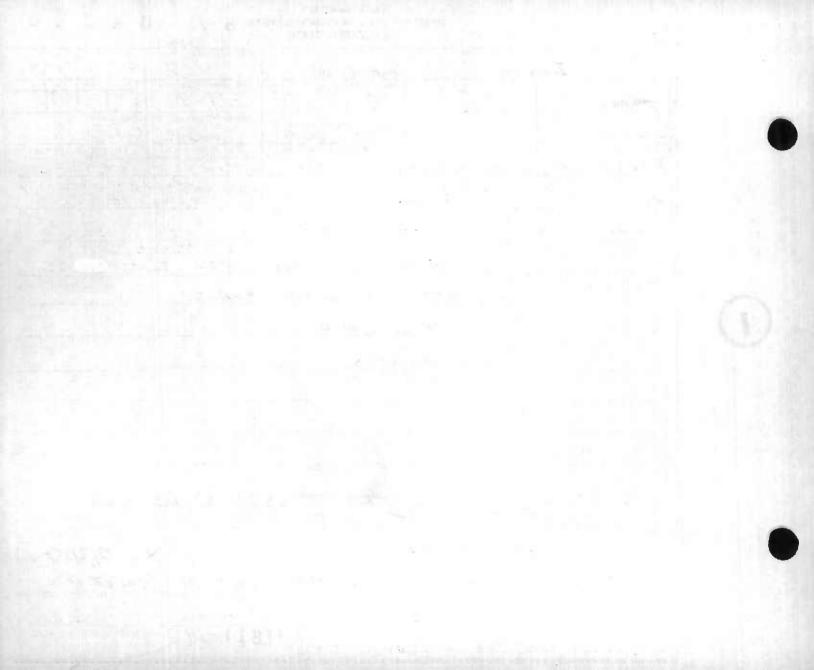
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SE,		(AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE	ECURITY NO.	17 INFORMAL	NĬ	ADD	RESS		21217
IMC	Un	known	THE THIN ON DATES!	220-24	-9761	Gertru	de Alst	on 3014 Au	chentor	roly T	errace
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN The face requires the contract certificate be executed within 24 hours contending projection and completely filled in by os the board time to permit Them please remark continuous appear to age of a should be fill though when it permit Them please remark continuous appear to age of a should be fill though when it is presented by the fill the order of the fill the second of the fill the second of the fill the fill the fill the second of the fill		Conditions, if ony, which gove rise to immediate	DUE TO, (b)_	OR AS A CONSE	QUENCE OF	c RES	PIRA	HOCK TORY F			XMATE INTERVAL ONSET AND DEATH
01 W. F		cause (a), stating the underlying cause last.	DUE TO, C					INFAR		1 104 04 03 34	
PRDS, 2 require Then p or to bip	NOL		REUMO	NIA							
AL RECC	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY? YES □ NO			NO [
OF VIII.	0.50	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	RT I OR PART 2)	
VISION G PHYS offendir er this s the br cond Ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFI	ICE, FARM ETC)	216. LOCATIO)N	CITY OR	10WN	COUNTY	STATE
TENDIN sitel or 10R. Africa use a for use a of Health		22a.1 certify that (1) (the has saw the decased alive a abave, (1) (we) (did) (did i	attended t	the deceased fro	87,0	nd that in (my)	our) opinian	death accurred on the	date and haur	9 8 1 and fram the	that (1) (we) ast
O TO		226. SIGNATURE A. C.	hour	0.1-	n·D.	DEGREE	ATTENDING PHYSICIAN F	MEDICAL ST	TAFF SICIAN	22c DATE	ESIGNED
TO HOSPITATOR PARTICION OF TO FUNER should be a with the Site With the S		A. C. CHOI		T, m.b.		220 ADDRES	S	ARLES		HOS	P
5 5 5 4 ¥ ₹		BURIAL, CREMATION, REMOVA	L 23b DATE	12	3c. NAME OF	EMETERY OR	CREMATORY	23d. LOCATION		COUNTY	STATE
BP		SPECIFY) Burial	2-18-	-87 M	lount A	iburn C	emeter	Baltimo	ore	COUNT	Maryland
DHMH - 16 60M 7/84	24 FL	INERAL DIRECTOR		ADDRE	55		25a DAT	REC'D. BY REGISTRA	AR 255 REGISTR	AR'S SIGNA	TURE
(VRA 15, 4)	Ba	ileu Funeral H	ome. 134;	8 N. Cal	houn S	t 2121	7 1-11	1 8 198/	Mutia d	distribution.	Principle of the second



			STATE OF MARYLAND		0.0
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144078 FEB		PIOTRAK	DOLE LAST	DEATH REG. NO.	
		OR PRINT)		OF ESTI- A	DAY YEAR 26 HOUR
ASE DRS. OR.		William Th	nomas Barber		LO/19 87 M
STATE	3. SE.	4 RACE S. DATE OF BIRTH	6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24	4 HRS. 24. DATE MONTH WIN PRONOUNCED	DAY YEAR 24 HOUR 4:20
J G Z G B K	TM	le Black 7 23	65 21 YRS.		10/1987 P M
SA SES	70 B	THPLACE (STATE OR 76 CITIZEN OF WHAT (COLINITARY	9 BALTIMORE CITY OR COUNTY	OF DEATH
IS NEGESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,			MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City,	MD
SHAR SA	10 C	YOR TOWN OF DEATH 11. NAME OF HOSPITA		20 USUAL OCCUPATION (TYPE OF WORK 121	ME KIND OF BUSINESS OR INDUSTRY
URS ATTMORE, MD, 21201 URS ATTERDEATH, IF ANY DELAY IS IN GIVE PAGES I, 2, AND 3TO THE FWITH FORM-PM-3. RETAIN PAGE 1. T. PAGES TAND 2 SHOULD BE FILED, DIVISION OF VITAL REGORDS, 2017	1	Baltimore Deaton Ho	spital & Medical Center	FOR MOST OF WORKING (IFE)	OK INDUSTRY
DELA 3 TO T		RESIDENCE (IF IN N	SIDENCE BEFORE ADMISSION)		
ANY AND RETA HOULD	130. 5			3e. STREET ADDRESS 2	21207
SH SH SH		ryland	Baltimore SMAIDEN	8361 Church Lane B	Balto. Md.
MD. A. S. F. A. S. F. A. S.	/	FIRST	LAST FIRST	MIDDLE	LAST
A 4 4 5 —	W	lliam Mann	S Angola	ADDRESS Barbe	·p
S S S S S S S S S S S S S S S S S S S	160	AS DECEASED EVER IN U.S. ARMED FORCES? , NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS DUT DE	
SATEROFE, SATEROFA GIVE PAGES TITH FORM'E WISION OF V	N		214-88-4474 Ms. Ange	la Barber 8361 Chur	ch Lano
HOURS M 18. G NG WIT RMIT. P.		18 CAUSE OF DEATH (Enter only one cause per line for	(a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
H ST HOUR RAMI RENE,	13	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CO	mplications due to Propox	vohene Overdose	
PRESTON ITHIN 24 H CIL IN ITEM VER ALON ANSIT PER AL HYGIEN REMOVAL	-	DUE TO, OR AS	A CONSEQUENCE OF		
PRE THIP NNS NNS NL H	10	Conditions, if any, which gave rise to immediate (b)			
W. W		couse (a) stating the under-	A CONSEQUENCE OF		
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RECORDS, LD BE EXECT MEDING: MEDICAL MEDICAL MEDICAL MEDICAL CREMATIC	Z		STATES AND THE LEAST OF CONDITION OF IN LABOR.	1 442	
- CASARE	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION	FOR WHICH OPERATION WAS PERFORMED?		28 AUTOPSY?
SHOULD OND "PER NE CHIEF AN EUSED A UNIAL, OURIAL, OUR	문				
S CERTIFICATE SHOU STRING THE WORD." RDED TO THE CHIEF RE 3 SHOULD BE USE TO PEPARTMENT OF THE CHIEF OI PEPARTMENT OF THE CHIEF	1 5	2 In EXTERNAL CAUSE WAS 216 TIME OF INJ	LIPY 71, HOW INJURY OCCUPRED	LENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2	YES NO
CATE HE WILLIAM TIMEN	0	UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH 2 P.M.		(ENTER MAIDRE OF INJURY IN JIEM 18 PART I OR PART	η
CERTIFICATION OF THE TING TO SEN TO DEPAR'S TO PRIORY TO	1 S	CONTRIBUTING CAUSE OF DEATH ? P.M.	12/30/19 85 subject inges	sted_drug	
SE S	MEDICAL	STORET EACTORY		CITY OR TOWN COUNT	TY STATE
THIS WAR		AT WORK AT WORK AT WORK home	e 1644 Ashburtor	St. Balto City	Md
ATE, ATE, DRY, BE SID, 3	14	27a I certify that I took charge of the remains describe	ed above, held on Autopsy . Inspection	X. Inquiry and in my opini	ion
NO CEN		death resulted from Natural course Acc	ident , Suicide X. Hamicide	Undetermined monner	
ERTIE NITH			TITLE (SPECIFY)		
MACHE STATE		ACTUAL SIGNATURE		MEDICAL EXAMINER DATE SIGNED.	2/11/07
SER SER		, \	ASSISTANT	MEDICAL EXAMINER SIGNED.	2/11/87
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD." PENDING". IN PENCIL IN 11EM 18, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WATCH PREAD DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. RRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BATTAMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	-	EXAMINER'S NAME Gregory R. Kau:	ffman, M.D. ADDRESS]	Ill Penn St.	
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	73a. P	RIAL, CREMATION, REMOVAL 236, DATE		23d LOCATION	
		urial 2/16/87	King Mem. Pk.		STATE
07/84 B BP		NERAL DIRECTOR	250. DATE REC	C'D. BY REGISTRAR 1754 REGISTRAR'S SIG	NATURE
DHMH - 17		arch F/H 4300 Wabash Ave.		s firstdam	V. Karran
(VR A1S ME (S))		arch r/n 4300 wabash Ave.	rea rea	1 3 1087	



(VRA 15, 4)



541 FE	e l'h	FOR STATE CREGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 / O	4024
# 4 0 p 3		CEASED NAME FIRST	hryn Catherine L	Barget	20 DATE OF DEATH MONTH	17-87 1:10 Am
crois po	3 SE	x Female	White	S. DATE OF BIRTH MONTH DAY YEAR 10-8-1904	6 AGE (IN YEARS LAST BIRTHDAY) 82 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
2 2 2	бо. В	RTHPLACE ISTATE OR FOREIGN COUNTRY) Balto. Md.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED XX DIVORCED	Baltimore City Baltimore City	Y OF DEATH MD.
4 41	7 10 C	Baltimore		G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Home Maker	126 KIND OF BUSINESS OR
n ZJ hours	5 13a	AL RESIDENCE (IF NURSING HOM STATE 136 CC	NEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE DUNTY 136 CITY OR TOWN Baltimo	ADMISSION) N 13d INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS / ZIP COD 5915 Leith W	
npletely and 2 s	٥.	ATHER'S NAME FIRST John Walz	MIDDLE LAST		Hugle	LAST
can ord .			ARMED FORCES? 166 SOCIAL SECU 213-09-65	229D Arthur R. Ba	arget Jr5915 Le	ith Walk-21239 APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
		PART I. DEATH WAS CA	USED BY DIATE CAUSE (0) DUE TO, OR AS A CONSEQUE	ie arrhythm	d	MIAU 785
that the the same and the same		Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	rkalenia NCE OF Renal Fo	ilure	days
ow requires s been signed rmit. Then pli prior to buri s ony injury. o	CERTIFICATION	^	nt conditions contributing to a		20a AUTOPSY? 20b. IF YE	VEN IN PART 110 S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
g physicion. g physicion. entificate ha iol-transit pe intol Hygiene rem 18 show:	13	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FOEATH HOUR A.M. MONTH DA	Y YEAR	YES NO Y RED (ENTER NATURE OF INJURY IN ITEM 18	ES NO PART 7)
ING PHYS Tottending After this costhe bur Whond Me Incred or H	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEND ospitol os ECTOR /		sow the deceased alive	pspitol) ottended the deceosed from _ e on	ond that in (my) (our) opinion DEGREE	deoth occurred on the date and ha	that (I) (we) lost ur and from the couses stated
by the h by the h leral Dir State Dep	,	224. PHYSICIAN'S NAME (1)	JACKy MI	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	2/17/87
A P P P P P P P P P P P P P P P P P P P		E.	Salak	21 2 30 1	1001	916

236 NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

John C. Miller, Inc, -6415 Belair Rd. -21206

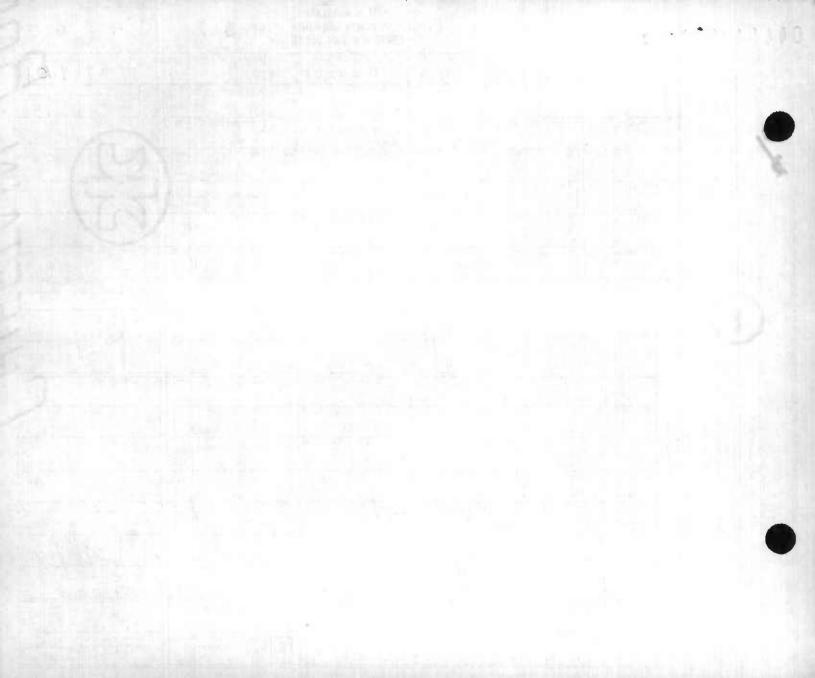
2-19-87

236 DATE

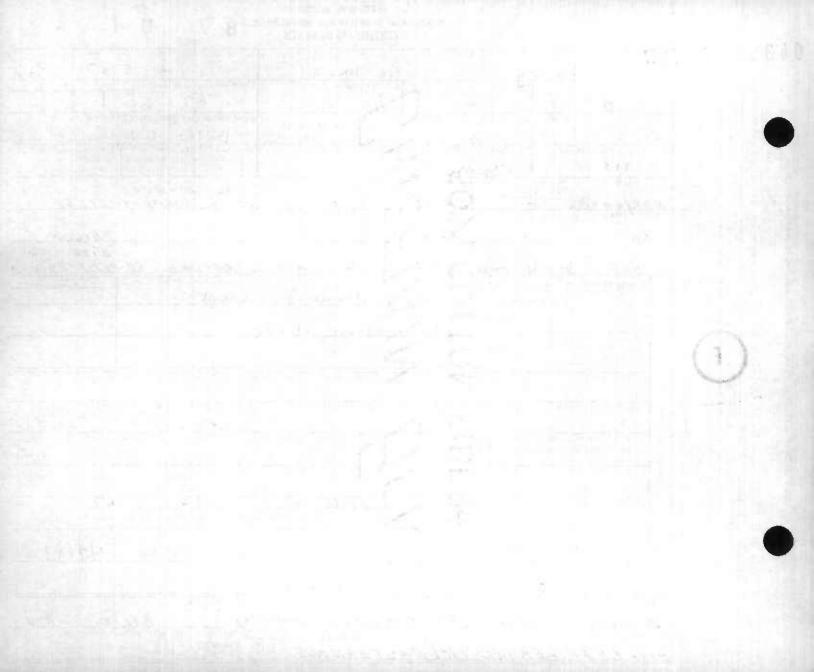
23d LOCATION
CITY OR TOWN

Baltimore, Md.-Parkwood Cemetery BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

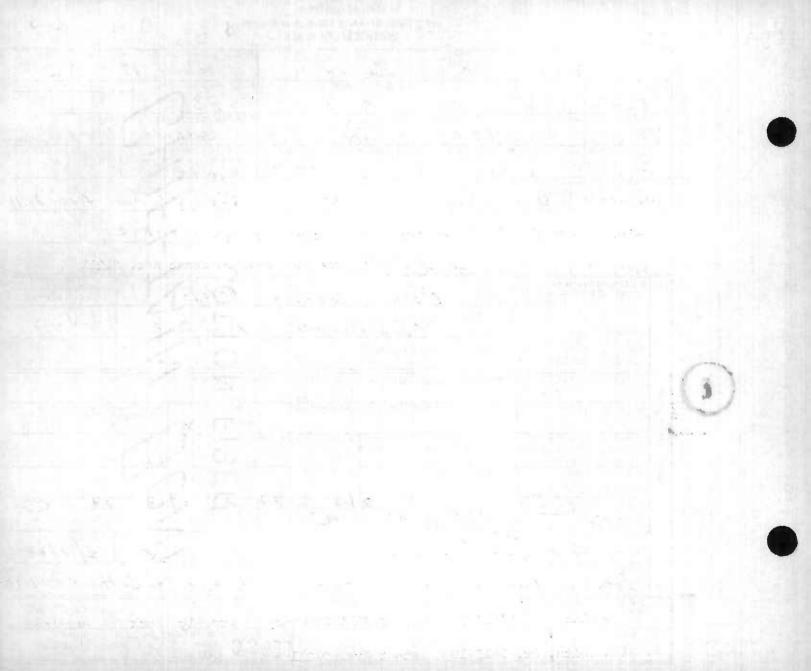


							OF MARYLAND			
			1 -	FOR STATE	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 7	0 4) 2 5
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0 + 3	1 101	-FB	TYPE	EASED NAME FIRST	WIDDLE	0			MONTH DAY YEA	~20 HOOK
	may be page 3			Itens	Ч	bar				/ /+ M
	ar. p		3 SEX		ACE	5. DATE C		& AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
	ige .			0'	\sim	10		69	YRS.	
	Po l die	500		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF DEAT	Н
	1/2	200	100	9470	USA	WIDOWE		Balto	. City	MD.
N	1 11	Pa	10 C1	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NU		ROTHER INSTITUTION	12a USUAL OCCUPATION		ND OF BUSINESS OR
10	To Po	notife	6	outo	FSKMC.	SIKEEL MODRESS)		(1465 OF MORK FOR WOZ! OF	F WORKING LIFE) INDUS	IKT
2 2	e - a	pe	WSU/	L RESIDENCE (IF NURSING HOME OR OT TATE 13b. COUNT)	THER INSTITUTION GIVE RESIDENCE		I A B I CARE CITY I I I I I I I I I I I I I I I I I I	La storet connece	710 0000	
RYLAND 2	alled syld i	TEN TO		ARYLAND -	Y 13c CITY OR		134 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	ADWAY- 21	1221
YE.	tely t	ne	14. FA	THER'S NAME	TAZ IC	(A) (A) (A)	15. MOTHER'S MAIDEN NA		risung di	.2.31
AR	3 -0 0	6		./	DOLE LASI		FIRST	MIDDLE		1AST
m,	5	0	160 V	HARRY VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	SS /	YLOK
AOR	e exect	nedico		ES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	n inne			211	36 MD.
ET .	be be	the ag		1ES VE/15/40	-5/31/41 212-0	7/995	PAUL CARR 3	LITNICODEM	IUS RO RITE	
8	hysic	1,1		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	1.			BETW	PROXIMATE INTERVAL WEEN ONSET AND DEATH
ST.	ertif 19 p	9		IMMEDIATE	CAUSE (0) CO	1. diopu	Imman 1	arrest		
PRESTON	4 183	Total Control			DUE TO, OR AS A CONS	EQUENCE OF				
REST	deor	No.		Conditions, if any, which gave rise to immediate	(b)	tunst	un stok	2		
	4 4	A		couse (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF				
201 V	the the	7		underlying couse lost.	(c)					
		+	7	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DE ATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PAR	RT 110
RECORDS	requestration to	1	CERTIFICATION							
20	be be	O D	CA	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIL IN CERTIFYING CAL	NDINGS USED
	The light	Show	RTIF			Page		YES NO	YES 🗌	NO 🗆
DIVISION OF VITAL	N: They are to a second to a s	188	G	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM TB PART 1 OR PAR	(1 2)
Ö	ding ph ding ph is certifu burial-tr Mental i	He H	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	The life and			
O		ö	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	wn count	Y STATE
NIS	aften the street the s	marked	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	JINEE	(11)		STATE
0	At At	E		22a I certify that (I) (this haspital	I) attended the deceased fr	rom	1187,19		1967	, that (I) (we) last
	TTEN TOR: for us of He	21 is		saw the deceased alive an bove, (I) (we) (did) (did not)	219	19 \$ 7.00	d that in (my) (our) opinion	death occurred on the do	te and hour and from	
	OR A e hos DiREC Sched Dept.	If Hem	60	226. SIGNATURE	view the body offer death.		DEGREE		22c. D	DATE SIGNED
		#	10	Kwi	an hos		ATTENDING	MEDICAL STAF		151x2
	HOSPITAL med by th FUNERAL vid be deto	Z-		224 PHYSICIAN'S NAME (TYPE OR P	RINT)		22e ADDRESS] DIKECTOR [] PHYSIC	IANE	210
	TO HOSP retained TO FUNE should be with the S	MPORT		1 222.5			FSKMC			
	of of shoots	¥	23a B	URIAL, CREMATION, REMOVAL	22h DATE	22. NIAME OF C	EMETERY OR CREMATORY	1234 LOCATION		
	D.D.		(190. 6	SPECIFY)	23b. DATE			CITY OR TOWN	COUNTY	STATE
	BP	7111	24 EI	NERAL DIRECTOR	1187,1987	OAK LI	9WN CEMET.		BALTO.	MD.
	DHMH - 16 60M		14 1	NAME	ACIOR		JAN. FEE	REC'D. BY REGISTRAR	The second secon	GNATURE
	(VRA 15, 4)		1-1	LLY & ZEILEN	3. INC. 1901	EASTE	TRN AVE	9 1987) Comment	



04	5048 FFR	4	FOR STATE REGISTRAR	DEPAR	TMENT OF E	ICATE OF DEATH	GIENE 8 7 0	4026
0 7	0070 120,		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MONTH D	AY YEAR 2b HOUR
4	be 3 oge 3 death	(TYPE	Dessie	A.	Ba	nes	February 18	F187 2'0 M
1	9 9	3. SE	X	4 RACE	5 DATE			FUNDER 1 YEAR IF UNDER 24 HRS
	rector.		Female	Careasion	MONT	12 03	83 YRS M	ONTHS DAYS HOURS MIN.
	T2 ho di	74 B	RTHPLACE (STATE OR FOREIGN OBNITY)	76 CITIZEN OF WHAT COUNTR	MARRIE	D NEVER MARRIED	Baltimore City or County	OF DEATH
	ab The Res	10.0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	WIDOW	- 123	120 USUAL OCCUPATION	MD.
201	* * * * * * * * * * * * * * * * * * *		Baltimore	BONS SUCH FACILITY, GIVE STR	ET ADDRESS)	11.00 +01	(TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
ND 21	24 hou	30.	STATE / 13b COU	OR OTHER INSTITUTION GIVE RESIDENCE BEF INTY 136. CITY OR TO BELLINA	WN	134 INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP CODE 3606 Chesta	NA AVE 21211
YLA	thin thin	14 F/	THER'S NAME			15. MOTHER'S MAIDEN NA		
MAR	\$ \$300	-	COLC, U	AND ABLE MOUSE		Grace	UNAVA: 1ABL	e LAST
ORE	dico de		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRESS	
IMO	Pogo ex		VNKNOWN .	990-3	1657	Mary Stem 36	06 Chestnut Ave.	21211
r., BALT	physicia npapers maval.		PART I. DEATH WAS CAUS	/ ' '		pulmonurg	Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S	ing rbai		IMMEDIA		,	10-1111-11-1		
STO	tend re co an, c		Conditions, if any, which	DUE TO, OR AS A CONSEC	UENCE OF	vascular	Accident	days
W. PRESTON	by the common common that the d		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEG				
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AL RECORDS	he low r	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
DIVISION OF VITAL	physics physics reflicate all-transmintal Hygin and B s s	AL CERTI	21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	HOUR A.M. MONTH		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2)
NO	ding ding ding s ce burn Men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	211 LOCATION		
IVISIO	offer the street of the street	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
	NOT S A A A S A S A S A S A S A S A S A S A		220 I certify that (I (this hosp	oital attended the deceased from	7	13 19 8 7	, 10 2/18 . 1	9 7 1 that (I) We) last
	pito pito 710 for of h		sow the deceased alive at above. (I) we) (did) (did no	ot) view the body elter death.	87.0	nd that in (my) our) opinion	death occurred on the date and hour	and from the causes stated
	hos hos hed hed ept.		27b. SIGNATURE	/		DEGREE		220 DATE SIGNED
	the of the Distriction of the Di		Octobal.	forma M	D	ATTENDING PHYSICIAN [MEDICAL STAFF	2/18/87
	HOSPITAL ned by t FUNERAL Jid be det the State ORTANT:		224 PHYSICIAN'S NAME (TYPE	ORPRINT)		22e ADDRESS		
		100	Leonard 1	amont unc		3001 5	Hanover St. B.	- Hmore MD 21233
	of of short	23n F	SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	
	BP		SPECIFY) Burial				CITY OR TOWN	COUNTY STATE
	DF	24 FI	JNERAL DIRECTOR	2/21/01	euar H	ill Cemetery	Brooklyn Park E REC'D BY REGISTRAR #55 REGISTR	Maryland
	DHMH - 16 60M 7/84		NAME	ADDRESS		PEC		ndern Rendall
	(VRA 15, 4)	A	. Alan Seitz,	Jr. 3615-19 Ches	stnut A	ve. 21211 LD	2010	,

STATE OF MARYLAND



5 1, 2 2 662 27	1.	FOR ITEM 5, F'1. STATE REGISTRAR TU	Lm G624 3,4,0E	ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 / O REG. NO.	4021
7 1 7 7 1 1 7 7 1		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	YEAR 26 HOUR
e 25	(TYP)	OR PRINT)		Barris	2/16/87 13	37 123 Au
ò 11 00	3. SE		4 RACE	5. DATE OF BIRTH	AGE ANYEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
4 94 (Female	B116	MONTH DAY YEAR	0.00	ONTHS DAYS HOURS MIN.
Pog 4	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	JTRY? B.	- 19 BALTIMORE CITY OR COUNTY	OF DEATH
4 11 97		COUNTRY	USA	MARRIED L NEVER MARRIED	Balance	re Cit
P 51 55	10 C	ITY OR TOWN OF DEATH		WIDOWED DIVORCED URSING HOME OR OTHER INSTITUTION		126 KIND OF BUSINESS OR
201		Baltimore	(IF NOT IN SUCH FACILITY, GIVE	STREET ADORESS)	(TYPEOF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
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DF VI		OR CONTRIBUTING CAUSE OF DE		H DAY YEAR		
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Sho sho	230	BURIAL, CREMATION, REMOVAL	123b. DATE	23c. NAME OF CEMETERY OR CREMATO		
BP	.30.	Sural .	2-21-87	Mt. Calvary	Gaet min	COUNTY Md STATE
		UNERAL DIRECTOR			DATE REC'D, BY REGISTRAR 266 REGISTR	

STATE OF MARYLAND



			- 1					MARYLAND				
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6	多年年	100	9	(32)	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR					
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	d by	TAN SE	175		224 PHYSICIAN'S NAME (TYPE OR P	RINT) / V	220	ADDRESS	. 1 . 0	11	11	ni.
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	BP_				Rumin1	2/21/87	Arbutus	Mem. Cem	Arbutus	s Md.		STATE
	DHMH 1	5 60M 7/	84		AL DIRECTOR			250	DATE REC'D BY REGISTRAR	255 REGISTRAR'S	SIGNATURE	44 16
	(VRA	15, 4)			March F/H West 4	1300 Wabash Al	e.		CD 1 0 1987	Holes David	bon Rand.	-44



FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4) - STATE

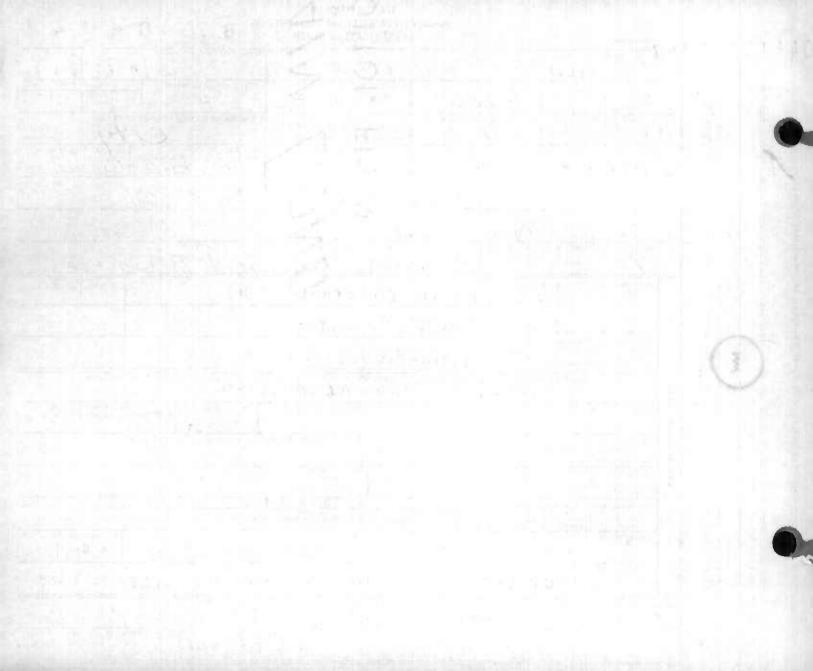
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

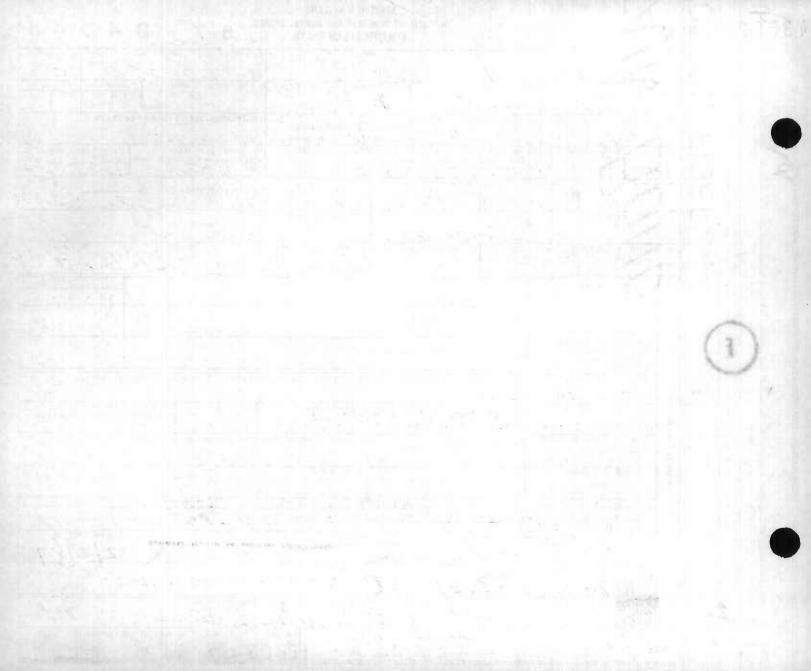


		FOR	DEDAT	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	CIENT	8 19
	1-	STATE REGISTRAR	DEFAR	CERTIFICATE OF DEATH	8 PREG NO	04030
256 FEB 17		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	ONTH DAY YEAR 26 HOUR
be 3	-	Katheri	ne E.	BARRETT	February	13 1987 8:00
0 4 4	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	
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& DEOV	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	
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i in	14. FA	THER'S NAME		15 MOTHER'S MAIDEN N	AME	
2 1800		Thomas	E. Barrett	Anne	MIDDLE	Silins .
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4 00 m		No No	220 44	6076 Mary E. E	Barrett	Same
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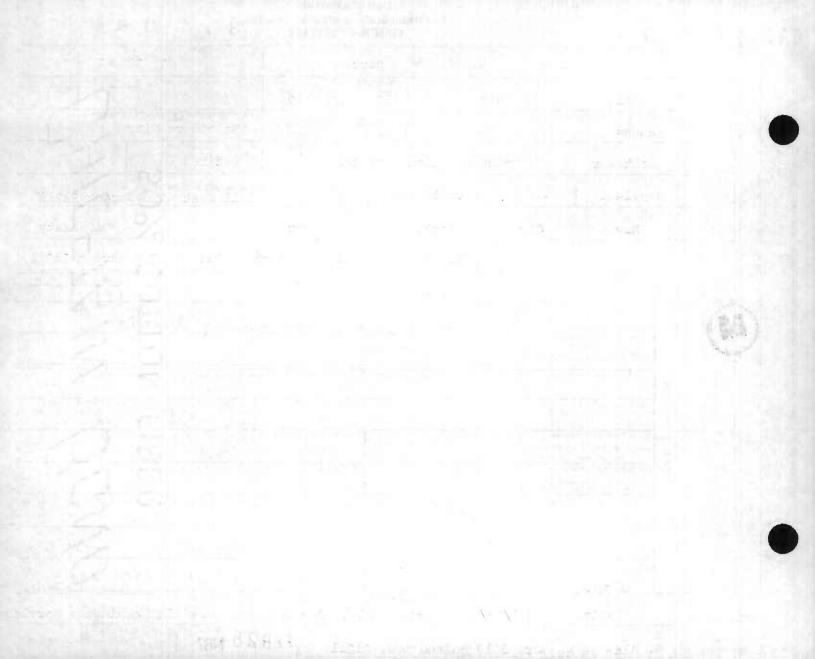
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(VRA 15, 4)



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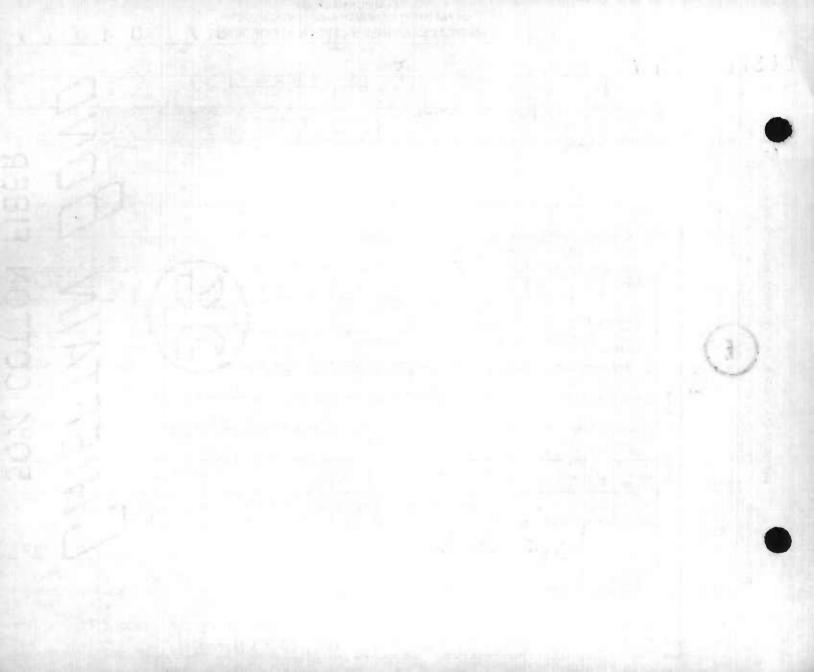
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DIVISION	artendin ter this o	h and Me	MEDICAL	21d INJURY OCCURRED	21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC)	ZII LOCATIO	ON	CITYC	OR TOWN	COUNTY	STATE
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D	HMH - 16 (VRA 1			NERAL DIRECTOR NAME Alan Seitz.	Jr. 3818	Roland .	Ave. 2	1211	FEB	2 5 1987		BAR'S SIGNAT	



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2 ho d ho	COUNT	LACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	RRIED X NEVER	MARRIED -	9 BALTIMORE CITY	_	FDEATH	
To an and		GINIA	U.S.A			NORCED [BALTIM		ITY	MD.
h/s si seh		R TOWN OF DEATH	11. NAME OF HOSPIT	Y, GIVE STREET ADDRES		NOITUTITE	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRAL	LROAD
5000		LTIMORE	SAINT A		HOSPITA	76	FREIGHT I	HANDLER	WESTER	OM NS
2 k	USUAL RE	SIDENCE (IF NUR UNG HOME OR	OTHER INSTITUTION GIVE RE	TY OR TOWN		CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	BALTIMO	RE,
AND THE THE	MA	RYLAND LS	J. S. A. M. W. B. T. T.	LTIMORI		NO 🗌	221 WINT	ERS LAN	IE, MO.	21228
RYL vithin	14 FATHER		WIDDIE	LAST	15. MOTHER	S MAIDEN NA				
AM & Jan S		HARLES		KERVILLE	S	ARAH	WIDDLE	R	OBINS	ON
d co		DECEASED EVER IN U.S. AR		OCIAL SECURITY	17. INFORM	ANTMRS	BALTIPA	ERE, M		
Pog P	(7ES, NO	NO.	70	5-10-62	81 SUSIE	R. BAS	KERVILLE :			
ALT	18 0	AUSE OF DEATH (Enter on	ly one cause per line fo						APPROXIMA BELWEEN ON	TE INTERVAL SET AND DEATH
T phy phy part of the second		PART I. DEATH WAS CAUSE	D BY Brance (a) Bra	nchoon	umomi	a			Taa	
N Ce		UNIMEDIA		0					/	
PRESTON he death o most earth motion, or troumdist	Co	nditions, if any, which	DUE TO, OR AS A	h-m-far	ct Deme	entra.				
H 1 1 1 1 1 1	go	ve rise to immediate ise (a), stating the	DUE TO, OR AS A				1-3-5-			
3 1 5 5		derlying cause last.		insclorof.		Discas	e .			
102	PAR	T 2. OTHER SIGNIFICANT (101			D TO THE TERM	INAL DISEASE OR COL	NDITION GIVEN	IN PART Ito	
SDS.	NO N									
RECORDS.	CATION	ATE OF OPERATION	19b. CONDITION	OR WHICH OPER	ATION WAS PERF	ORMED	20e AUTOPSY?	20b. IF YES, V	VERE FINDING	S USED
25 151 17	<u> </u>						YES NOT	YES [NG CAUSES OF	NO
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OF THE PARTY OF	V OR C	ONTRIBUTING CAUSE OF DEA		ONTH DAY Y	19					
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IVIS of a the	₹ wh	DRK NOT WHILE	(AT HOME, STREET, FAC	TORY, OFFICE, FARM, ET	C) SIRE		CITOK	Own	COOKIT	SIAIE
D NO S	22a.	certify that (1) (this hospi	fal) attended the dece	ased from Jo	n 16	19 57	to Fel a	25 19	67 the	at (1) (we) last
2 4 H 5 H 5 H 5 H 5 H 5 H 5 H 5 H 5 H 5 H		saw the deceased alive an abave, (1) (we) (did) (did no	Janzy	19 0/	_, and that in (my) (aur) apinian (death accurred on the	date and havr a		
A ST DE TO THE		SIGNATURE	I view the body after a	edili.	DEGREE				22c DATE SIC	SNED
4 448 -		Surce	Talm	uly)	100 m	ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	Feb :	1. 1987
Sa San A	228	PHYSICIAN'S NAME (TYPE O	PRINT)	177-11	22e. ADDRE		4 /			6//14/
OH TO HE WAY		Coporge 16	ler M. D		600	22hta	H. Bulton	TRYP X	11 31	120
0 € 0 € 1 € ·		L, CREMATION, REMOVAL	23h DATE	23c NAME	OF CEMETERY OR	CREMATORY	23d. LOCATION	, ,	412	
BP	(SPECIF		2/28/198		Tus men		CITY OF TOWN	RAID	DARE M	ARYLAND
	24 KUNER	THERE SONS		HOME,	INC.	25a. DAT		R 256 REGISTRAL	R'SOSIGNATUR	E
DHMH - 16 60M 7/84 (VRA 15, 4)		GWYNNS FALL					B 2 0 1987	Julia Di	cordern-Ka	adall
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			REGISTRAR		ME		MINEK'S	CERTIFICATE	, KEO. 140	
010	705 ==		CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST	20. DATE KNOWN X	MONTH DAY YEAR 26. HOUR
U 4 3	MAN STEFF	BI	87	Shi	irley		Batche:	lor	DEATH MATED	2-6-87 19 M
	当に当ちば	3. SE)		4 RACE	S. DATE OF BIRTH		(IN YEARS IF U		R 24 HRS 20 DATE MIN PRONOUNCED	MONTH DAY YEAR 2d. HOUR
	N 2 CRE			R	2 26		4 YRS.	THS DAYS HOURS	PRONOUNCED DEAD	2-6-87 10:04F
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	Y DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. AIN PAGE 5 FOR YOUR FILES DD BE PILED, WITHIN 72 HOURS DRDS, DON W. PRESTON STREET,		REIGN COUNTRY)		100	USA	WIDO		Dell'acces	City
	N S S S S S S S S S S S S S S S S S S S		TY OR TOWN (OF DEATH		SPITAL, NURSING	HOME, OR OT		120 USUAL OCCUPATION (TYPE	E OF WORK 126 KIND OF BUSINESS
6	PESES C		Dollie	mawa		Memorial		tal .	FOR MOST OF WORKING LIFE)	OR INDUSTRY
10	NY DEL NO 3 TO NULD BE ODROS	WSU/	Baltin		OR OTHER INSTITUTION, G			cai	INURSE'S AIDE	
21201	えるじろり	13a. S	TATE	136 COUN		13c. CITY OR TO	WN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	
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)RE.	345 × 54		DAVID			DARDEN		LUCY		GOODWIN
W	PA	16a V	AS DECEASED S, NO, OR UNKNOW	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRESS	
BALTIMORE,			NO.			21240119	12	DAVID DA	RDEN 2609 MADISO	ON ST. 21217
	WITH WITH DIVISION		18 CAUSE OF	DEATH (Enter on	ly ane cause per line					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST.	O S S S S S S S S S S S S S S S S S S S		PARTIDE	ATH WAS CAUSE	D BY: TE CAUSE (a)	Arterioso	cleroti	c cardiova	scular disease	BETWEEN ONSET AND DEATH
ō	V 24 HO V ITEM 1 ALONG ALONG IT PERM YGIENE OVAL			MARCOIA		AS A CONSEQUE		SHIP COLUMN		
RES	L H SI			s, if any, which						
× ×	Z Z Z Z Z Z	100		e to immediate stating the under-	(b)	AS A CONSEQUE	NCE OF			
20	A A A		lying caus		00210,00	NO A CONSEQUE	INCE OF			
8,	2500		BAST 2 OTNER CIC	NIEW ANT COMBINIONS	(C)	BUT HOLDER AVEC TO VI	IF TERMINAL OWE	ISE OR CONDITION GIVEN IN I		
DIVISION OF VITAL RECORDS,	AS A CREW	z	TAKE 2 OTHER 310	MILICANI CONDITIONS	CONTRIBUTING TO GEATN	BOT HOT KELATED TO IT	IE TERMINAL DISEA	ISE OR COMULTION GIVEN IN I	AKI 1 to .	
E.C.	PENDIN PENDIN FF MEDIA FF AEDIA FF AETH HEALTH AL, CREW	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	TIAL CONID	TION FOR WHICH	OBERATIONI	WAS PERFORMED?		
¥	SHOULD ORD "PE CHIEF A E USED I T OF HE	No.	170. DATE OF	OFERATION	176 CONDI	IION FOR WHICH	OPERATION	WAS PERFORMED?		20 AUTOPSY?
N N	SOUMPD I	E	at CYTEBLIA	L CAUSE WAS	214 71445 0		1.00			YES X NO 🗆
Ö	MEN BON STATE	U	UNDERLYING	-	21b. TIME O HOUR A.A		YEAR 21c F	HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 I	PART T OR PART 2)
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N N	PE SE	4ED	21d. INJURY O			OF INJURY (AT HO	ME. 211 LC	OCATION STREET	CITY OR TOWN	COUNTY STATE
	SE S		AT WORK	NOT WHILE C						57.12
	P. TE. TE. TE. TE. TE. TE. TE. TE. TE. TE		220 Least for	with at I tank chara	ge of the remains de	scribed above, held	lon Auta	psy X, Inspecti	on . Inquiry . on	4:
	A STOTES		death resulte	,	ral causes X,	Accident .	Suicide			d in my opinion
	REC REC		death resulte	Naro	rar causes (L),	Accident	Suicide L_	, Hamicide	Undetermined monner,	
	₩ # # # # # # # # # # # # # # # # # # #		ACTUAL	Walley	To the	Yharan		TITLE (SPECIFY) ASSISTAN	+	DATE 2-7-87
	2 H K K K K K		SIGNATURE_	T-VICEUS	2000 0011	11000	/	W.D. ASSISCAL	MEDICAL EXAMINER	SIGNED
	S S S S S S S S S S S S S S S S S S S	-	EXAMINER'S		rgarita A	Korell	. M.D.		111 Penn Street	
	XEC AGE AND		(TYPE OR PRIN					_ADDRESS		
	TO MEDICAL EXAMINER: THE CRETIFICATE, 19 EXECUTE THE CRETIFICATE, 19 PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 21	230.B	PECIFY)	ION, REMOVAL	DATE	Z3c. NAME C	CEMETERY	OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
07 84 25M	BP	24 5	NERAL DIRECT	100	2/12/87	KING	MEMOR I	AL PARK	RANDALLSTOWN	MD
1	DHMH - 17	24 1	NAME	OK .	ADDRESS	5			REC'D. BY REGISTRAR 256 KEGIS	STRAR'S SIGNATURE
	(VR A15 ME (5))		MARCH F	UNERAL H	OME 1101	E. NORTH	AVE.	LFEE	101087	Tendoon Pandace



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

Q	-7
0	
	REG. NO

0 4 0 3 6

		REGISTRAR			44			REG. NO			
-9		EASED NAME FIRST	MIDDLE		LAST		2	B DATE OF DEATH	MONTH D	AY YEAR	26 HOUR .
	WIFFE	Jame	95 L		BA	WOR			2 3	87	M
	3. SEX		4 RACE	P. 391	5 DATE OF B	КТН	6	AGE (IN YEARS LAST BIRT		F UNDER 1 YEAR	IF UNDER 24 HRS
		male	Black		MONTH 6		AR 4	82 /r		ONTHS DAYS	HOURS MIN,
. 4	ne Bis	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	MARRIED 2	NEVER MARRIE	9	BALTIMORE CITY O	R COUNTY	OF DEATH	
5	1	10	USA		WIDOWED			BA	10.		MD.
	10 CI	Y OR TOWN OF DEATH	11. NAME OF HOSE		G HOME OR		ON 1:	20 USUAL OCCUPATI			F BUSINESS OR
ч		haito.	(IF NOT IN SUCH EAC		DDRESS)	1	(TYPE OF WORK FOR MOST O	F WORKING LIFE	INDUSTRY	
-	APSU A	L RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE		ADMISSIONI	Y		UNK			21219
160	130 S	TATE 136 COU		CITY OR TOWN	1130	I INSIDE CITY LIM		Se STREET ADDRESS	ZIP CODE		21214
-		MD -		-BA14		ES NO	- Comment		Sycar	nore f	tve.
a	14. FA	THER'S NAME	MIDDLE	_ LAST .	15	MOTHER'S MAID	DENNAME	MIDDLE	L	LAS	
1		HENVY		Barrio	~	Lucy	1			1011	IVON
0		AS DECEASED EVER IN U.S. AF		SOCIALISECUI	RITY NO. 17	INFORMANT /		ADDRE	SS	2	1219
	(A	ES NO OR UNKNOWN] (IF YES GI	VE WAR OR DATES)	15222	096/	DUISE I	2.11	N 2517	125.	ycamo	re ALE
		W CALLES OF DEATH 5				00130	THE TOTAL PROPERTY.	0.		- INDEED	
		18 CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSI		-				armet	•	BETWEEN	MATE INTERVAL
		IMMEDIA	TE CAUSE (a)	caro	uo p	uemona	ery o	24431	-	-	
ч			DUE TO, OR AS	A CONSEQUE	NCE OF		/	11-			7
	44	Conditions, if ony, which	(1b) C	erebu	el Un	scular	acui	len 15		1240	, unos
	1	gave rise to immediate cause (a), stating the	DUE TO, OR AS	A CONSEQUE	NCE OF					1	
		underlying cause last	(6)								
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO D	EATH BUT NO	T RELATED TO TH	HE TERMIN	IAL DISEASE OF CON	DIT ON GIVE	EN IN PART 110	
51	8	COPD.	Rronch	140	DAN	Thomas	anne	lus blas	Lom	10.10	115
	ATI	98 DATE OF OPERATION	19h CONDITION	N FOR WHICH	OPERATION V	VAS PERFORMED	7	20a AUTOPSY?	206 IF YES	WEREFINDIN	GS USED
1	U							VES CO NOTE		YING CAUSES	
2	CERTIF	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF IN.	ILIDA	12	L HOW INTITION	OCCUPPER	D (ENTER NATURE OF INJUI	YES	<u> </u>	NO 🗌
2		OR CONTRIBUTING CAUSE OF DE	- 110110 4 44			IC. 110 W 11430K1 C	OCCURRE	D (ENTER NATURE OF INJUI	CT IN 112 M 18 PA	ART I OR PART 21	
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.		19						120 130
1	ED	21d INJURY OCCURRED	21e PLACE OF IN			I LOCATION		CITY OR TO	wN	COUNTY	STATE
	2	WHILE NOT WHILE AT WORK	(ATTIONE STREET,	ACTORT OFFICE, 17	Name of C						
		220 I certify that (I) (this hasp	ital) ottended the de	ceased fram_		, 19.		_, to		9	that (1) (we) last
	P	sow the deceased alive or		19	, and t	hat in (my) (our) o	opinion de	ath occurred on the do	ate and haur	and from the	couses stated
		obove, (I) (we) (did) (did ni 22b. SIGNATURE)	of view the bady offer	r deoth.	DEC	GREE				22c DATE	SICINED
		Teres	o Attes	1)	IM.	ATTEN		MEDICAL STAL		2/	727
-	-	22d PHYSICIAN'S NAME LITYPE	OBBBINT	7 7	0-01	PHYSK Re ADDRESS	LIAN []	DIRECTOR PHYSIC	IANT	0/4	10/
		The Common of the last	-	175 6	- "	117	1	DasE	-/-	. 1.	0
		DUGEN	- 10	17/11		IVIT	-	LOOKA	DICE	11/Y	
	23a B	URIAL, CREMATION, REMOVAL				ETERY OR CREMA	ATORY	23d LOCATION		COUNTY	12/45
	F 1	Treating to the same of the sa	10 19 10	27 1	00001						1 174

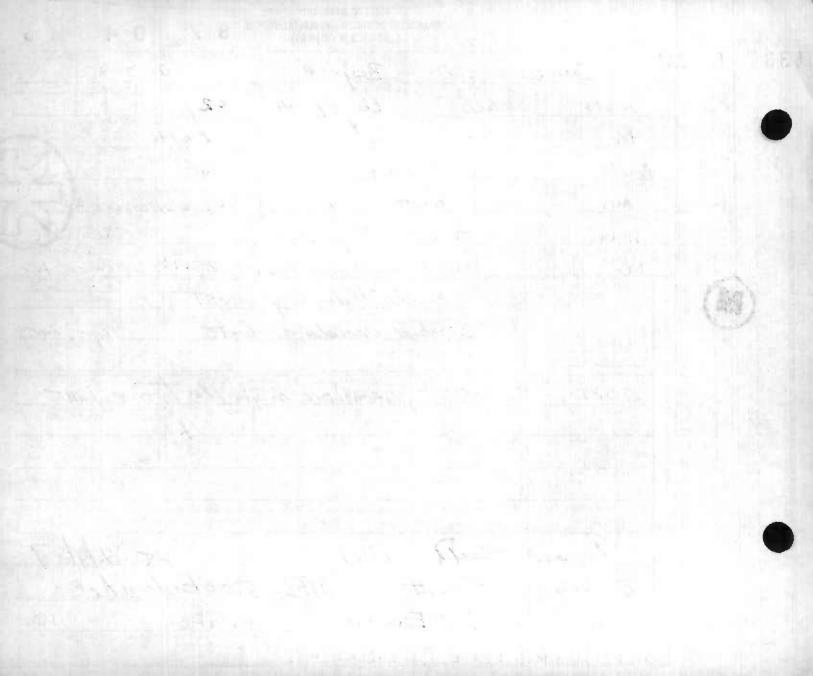
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is morked or Hem 18 shows are

FUNERAL DIRECTOR

ADDRESS | E. NORTH ACP. FEB 6 1987



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	L	REGISTRAR				REG. NO.					3 44 (101			
(1. DEC	CEASED NAME	FIRST		MIDDLE	l.	AST	20	e. DATE OF DE	ATH MON	тн (DAY YEAR	26 HOUR A		
			ober	t	J.	Bea	cham		Feb.	5 19	987		8:07 M	٨	
	3. SEX	X	4	. RACE		5. DATE C		6	AGE (IN YEARS	LAST BIRTHDAY		IF UNDER I YEAR	IF UNDER 24 HRS	_	
	A D	Male		Wh:	ite	OC		4	82		YRS.	MONTHS DATS	HOURS MIN.		
1		RTHPLACE (STATE OR FORE	EIGN 7	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9	BALTIMORE	CITY OR CO	YTHUC	OF DEATH		Ī	
7		Md.		U	.S.A.	WIDOWE			Ва	ltimo	ore	City	MD	٥.	
181	10 CI	TY OR TOWN OF DEATH	1 1		HOSPITAL, NURSIN		ROTHER INSTITUTION		TYPE OF WORK FOR		BYING HE		F BUSINESS OR		
audil		Baltimore	e	3424	Chester		d Ave.		ales				othing		
-		AL RESIDENCE (IF NURSING	HOME OR O		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS	5? 113	e STREET ADD	RESS / ZIE	CODE			Ī	
		Md.			Baltin		YESX NO		3424 Chesterfield Av						
	14 FA	ATHER'S NAME FIRST		IDDLE	LAST		15. MOTHER'S MAIDEN	NAME		IDDLE			2121	. (
0		Robert	141	iDDI.C	Beachan	n	EIRST Ka	tie		IDDLE	chmidt				
7		VAS DECEASED EVER IN			166. SOCIAL SECU	RITY NO.	17. INFORMANT								
		no	IF YES, GIVE	WAR OR DATES)	14-01-6	5925	Isabelle	Be	eacham	(wi	fe)	same addre			
		18 CAUSE OF DEATH			line for (a), (b), and							APPROX BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DEATH WAS	,												
		Conditions, if any, which (b) METHODIC CAMER TO Braid, lung,													
	Н	Conditions, if any, w		(b)	m21 1411	797 (CANCEL TO	0 10	ON DIE	ung,	1			_	
	П	couse (o), stating	se (o), stating the DUE TO, OR AS A CONSEQUENCE OF												
				(c)										=	
	Z	PART 2 OTHER SIGNIF	ICANI CC	ONDITIONS CO	ON KIROLING TO F	DEATH BUT	NOT RELATED TO THE T	TERMIN)	AL DISEASE O	RCONDITIO	DN GIV	EN IN PART 16	a.		
7	ATK	19g DATE OF OPERATIO	N	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPS	Y? 20t	b. IF YES	, WERE FINDIN	NGS USED	-	
7	CERTIFICATION	-		_					YES N	ON IN		YING CAUSES	NO []		
^	CER	210 ACCIDENT WAS UNDER	LYING	21b. TIME O		5	21c. HOW INJURY OCC	CURRED	ENTER NATURE	OF INJURY IN	ITEM 18 P	ART I OR PART 2)		Ī	
		OR CONTRIBUTING CAU		HOUR A.	M. MONTH DA	AY YEAR	_								
1	MEDICAL	21d INJURY OCCURRED		21e. PLACE	OF INJURY		21f LOCATION							-	
	M	WHILE NOT WHILE	6	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CI	ITY OR TOWN		COUNTY	STATE		
	III:	22a I certify that (1) (th	nis hospito	attended th			1327 19	27	, to 7 b	- 30		19 87	that (I) (we) last	-	
		saw the deceased abave, (I) (we) (did		view the hody	otter death	7, an	d that in (my) (aur) opin	nian dea	ath accurred a	n the date a	ind hou	r and fram the	causes stated		
н		226. SIGNATURE	(7	1/6	7		DEGREE	3.1	/			22c. DATE	SIGNED	Ī	
			>	NA	1		ATTENDING PHYSICIAN		MEDICAL DIRECTOR [STAFF PHYSICIAN		Q XI			
1		22d. PHYSICIAN'S NAM	E (TYPE OR	PRINT)			22e. ADDRESS	na.	1.5357						
	157	Dr.	Sim	on Sca	alia		2900 1	E. :	Baltir	nore	St.				

23b. DATE 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BP

231. NAME OF CEMETERY OR CREMATORY Greenmount

23d LOCATION
CITY OF TOWN
Baltimore

Md . COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

CREMATION 2/6/87 Green

THE FUNERAL HOME, INC. 3331 Brehms Lane, Balto. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 044629 FEB - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Mary Beales 1319 87 4 RACE 5 DATE OF BIRTH AGE (IN YEARS) IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED White July 1910 76 YRS DEAD Female 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED X DIVORCED Baltimore City Virninia 1126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY 2337 Eastern Avenue Baltimore aborer Cannery USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland YESX NO Eastern Ave. 21224 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Ellen O'Connor Unknown Thomas Mary 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 16h SOCIAL SECURITY NO 21231 William Beales P.O. Box 6151 [YES, NO, OR UNKNOWN] (IF YES, GIVE WAR OR DATES) 213-14-8465 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a Chronic obstructive pulmonary disease 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 DATE OF OPERATION 20 AUTOPSY? ATE STATE WORD THE WORD NULD BE US RTMENT OF TO BUR YES NO X 71a EXTERNAL CAUSE WAS 716 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC. CITY OF TOWN COUNTY WHILE WHILE NOT WHILE EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFER DEATH THE STATEMENT HE STATEMENT. Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy death resulted fram. Natural causes Accident Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED 2/13/87 Assistant. SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23r. NAME OF CEMETERY OR CREMATORY Burial 2/18/87 Baltimore Nat'l Baltimore Cem Maryland 07/B4 BP 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAPURE 24 FUNERAL DIRECTOR DHMH - 17 & Zeiler, Inc. 1901 Eastern Ave. (VR A15 ME (5))

FEB & POLL & Technology of the Parkers

TYPE OR PRINTS James Beard 3. SEX 4. RACE DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH VEAD black male 26 18 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore city WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION ETYPE OF WORK FOR MOST OF WORKING LIFET Baltimore "BOIL SURFACION OF STAFF SURFACION IN CORNE RETH. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CTX OR TOWN 13e.STREET ADDRESS / ZIP CODE Bagit Phioma 13d INSIDE CITY LIMITS? Md NOF 801 RADNOR AVE 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST FIRST BEARD 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HEYES GIVE WAR OR DATEST 237282621 BEARD 801 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c): PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Ventricular arrhythmia DUE TO, OR AS A CONSEQUENCE OF ischemic heart disease Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. hypertension PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1_{10} N/A CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? d N/A N/A NOT 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) DIVISION OF VIT 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from September 5, 19 84 saw the deceased glive an January 5, 19 87, and that in (my) (aur) apinion saw the deceased glive an <u>January 5</u> abave, (1) (we) (gla) (did not) view the bady after death 226. SIGNATUR DEGREE MD **ATTENDING** MEDICAL should be a with the Sta 22e ADDRESS Milford Mace Foxwel Jr.,M.E 0

FOR

- STATE

(VRA 15. 4)

REGISTRAR

FIRST

DEGEASED NAME

toFebruary 2719 84 , that (I) (we) last and that in (my) (aur) apinian death occurred an the date and have and from the causes stated 22c. DATE SIGNED PHYSICIAN X DIRECTOR PHYSICIAN University of MAryland Hospital 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN COUNTY STATE BURIAL CEDAR HILL ANNE ARIINDEI 24 FUNERAL DIRECTOR 25a, DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Wm. C. March F/H 1101 E. North Avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG NO

STEFL

ADDRESS

CITY OR LOWN

RADNOR AVE

MIDDLE

YEAR

1987

IF UNDER I YEAR

INDUSTRY

2b. HOUR

126 KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

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STATE

seconds

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20b. IF YES, WERE FINDINGS USED

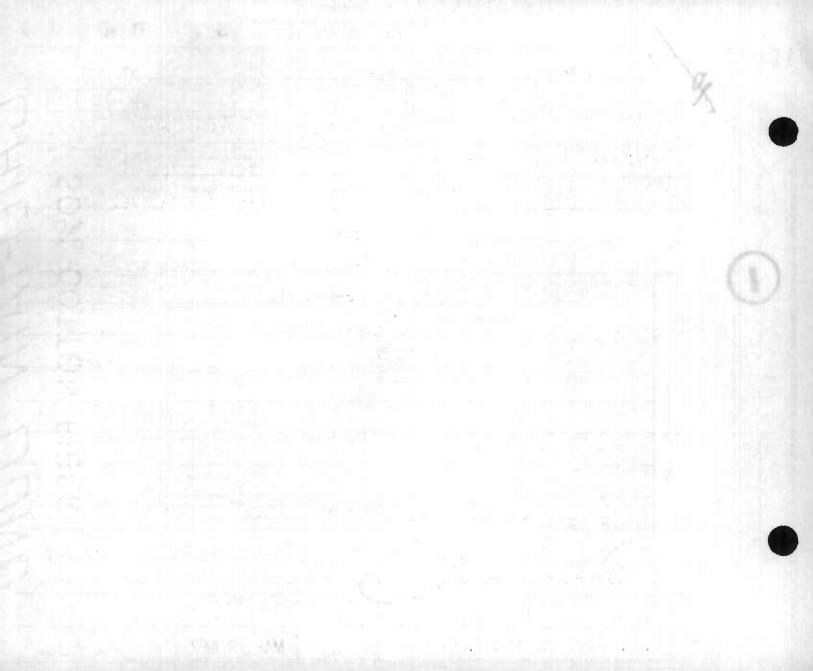
COUNTY

YES [

IN CERTIFYING CAUSES OF DEATH?

IF UNDER 24 HRS

20. DATE OF DEATH MONTH

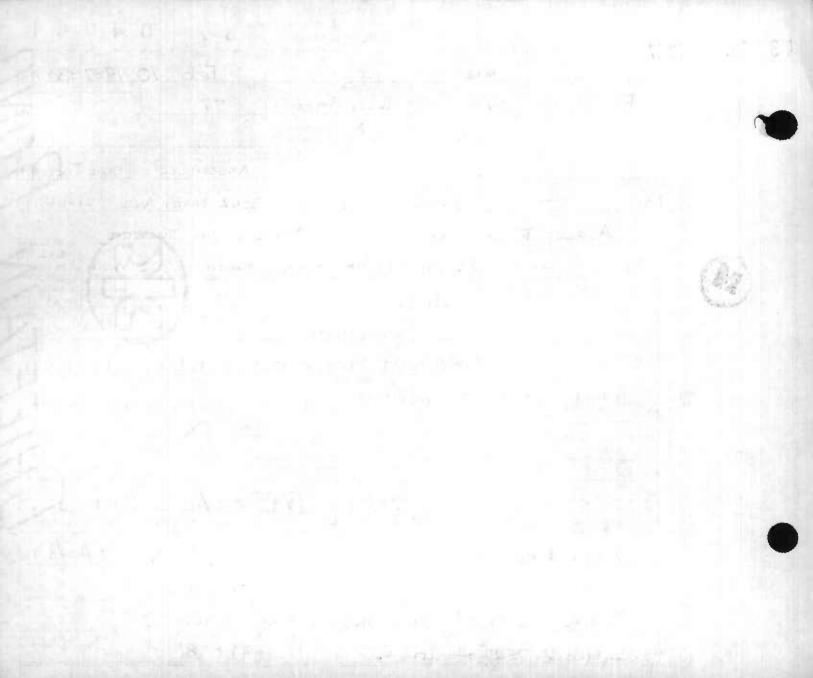


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR THE OF PRINT 20. DATE KNOWN IX MONTH DAY OF ESTI-DEATH MATED S NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5_FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET, Beatty 4/ 1087 N. Boyce 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED Nov. 21,1931 Male White 55 1987 ам 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X North Carolina U.S.A. Baltimore City, WIDOWED DIVORCED N PENCIL INITEM 18. GIVE PAGES 1, 2, AND DELAY IS N EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 AL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BEFILED. MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 M, N, OR REMOVAL. IB CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore 317 Park Ave. Bartender Hotel LIGUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS 13a STATE 13c. CITY OR TOWN 1136 COUNTY Maryland Baltimore 317 Park Ave. 21201 YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Ezzell Irene Boyce Beatty 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN Roseboro, N. Deress 16b. SOCIAL SECURITY NO 28382 246-48-4909 Korea Irene Beatty. Rt. Box 334 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Chronic Obstructive Pulmonary Disease IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last USED AS A BURIN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19a, DATE OF OPERATION E 3 SHOULD BE USED DEPARTMENT OF HE 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES NO X 21a EXTERNAL CAUSE WAS 716 TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART T OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 211. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK TO MEDICAL EXAMINER: INIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inspection X 22a I certify that I taak charge of the remains described above, held an Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 2/4/87 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Feb.8,1987 Roseboro, Sampson, Burial Roseboro N.C. 07/84 25M 25h REGISTRAR'S SIGNATURE 250. DATE REC'D. BY REGISTRAR ROBERT CR. ALTENBURG FUNERAL HOME, INC. DHMH - 17 6009 Harford Rd., Balto., Md. 21214 (VR A15 ME (5))

STATE OF MARYLAND

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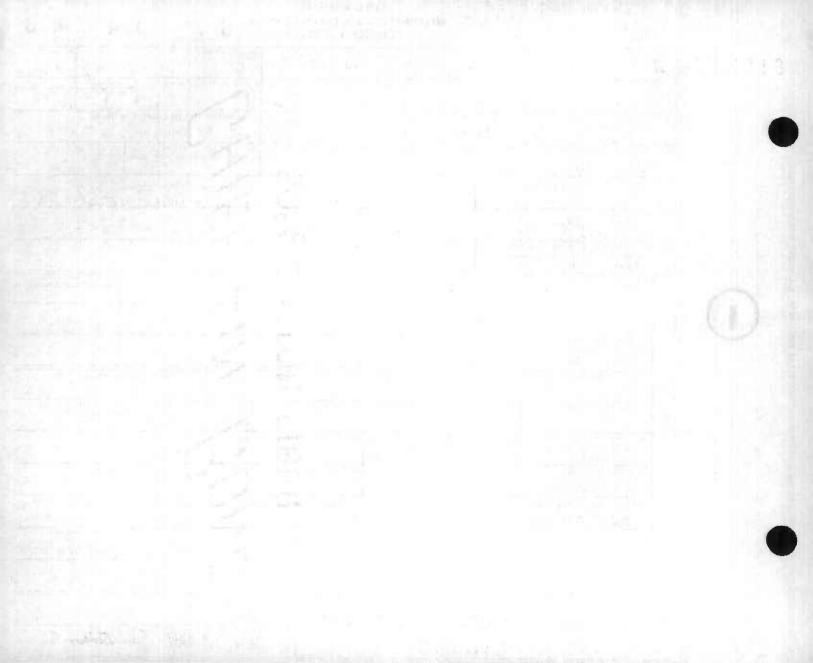
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	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 0 4 0 4							
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2 Page 85 L		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	M NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
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TO HOSPITA TO FUNERA Should be de with the Stot		LINDA PARKHURST, M.D.			UNION MEMORIAL HOSPITAL					
	230.	BURIAL, CREMATION, REMOVA	23b DATE 2-13-87		METERY OR CREMATORY	23d. LOCATION	COU	YTMI	STATE	
BP	24 5	BURIAL WINERAL DIRECTOR	7-13-01	SHERED	HEART OF MAK	TE REC'D. BY REGISTRAR 25		SIGNATUR	F	
DHMH - 16 60M 7/B4	12	Hartly Gilly	-7527 Har	I'm Rd		FFB 1 1 1987	Julia ,	Devider	Randall	
(VRA 15, 4)	1	Marley Mulley	- 1201 Aar	to rel anton		LEDI - 1001	-()			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 76 HOUR (TYPE OR PRINT) 4:32 PM February 18, 1987 Hamilton Beitman James 4 RACE 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR MALE WHITE 17 10. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTO. MO. U.S.A. Baltimore City WIDOWED DIVORCED | II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Maruland General Hospital ENGINEER MARTIN MARIETTA Baltimore USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION BALTO, WID 13m STATE 1136/COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 21206 MD. BALTO BALLO . 6900 BEECH AVE NO M 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE CUSTER COURTHEY ARLIEGH BEITMAN KATHERIVE 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 218-01-9241A MARY J. BEITMAN 6900 BEECH AVE APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF Possible Myocardial Infarction, Possible Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF Ventricular Arrhythmia couse (o), stoting the underlying couse last. (c) Coronary Artery Disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIO CERTIFICATION Diabetes Mellitus, Severe Peripheral Vascular Disease 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 2-16-87 Chronic/Acute Ischemis Left Leg NOT YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN NOT WHILE 220.1 certify that (K(this hospital) attended the deceased from Fahrnaru 7 19 87 to February 18, 19 87 - that X (we) lost sow the deceased alive are bruary 18, 1987, and that in (hy) (our) opinion death occurred on the date and hour and from the causes stated above, (K(we) (did) (K(W))(X) with the body after death. 226. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS James c/o Maryland General Hospital 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE 23d. LOCATION COUNTY 2-21-87 BURIAL REDEEMER DHMH - 16 60M 7/B4 (VRA 15. 4)

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TO FUN should b	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		7	
P		RIAL	3/4/87	NEW CA	THEDRAL	BALTIMORE.	MD. 2122	29	STATE
AH - 16 60M 7/84	24 FI	UNERAL DIRECTOR				TE REC'D. BY REGISTRAR	256 RECASTRAR	SUGNATUR	0
(VRA 15, 4)	HUI	BBARD F. HOME	BALTO., MD.	21229		MAR U 4 190	1. Julia	Dender	Kandas



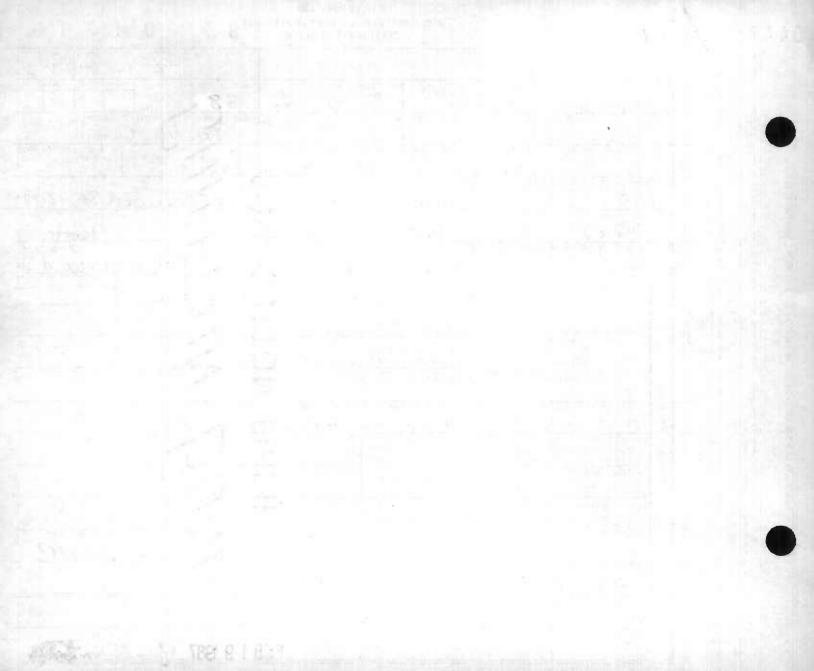
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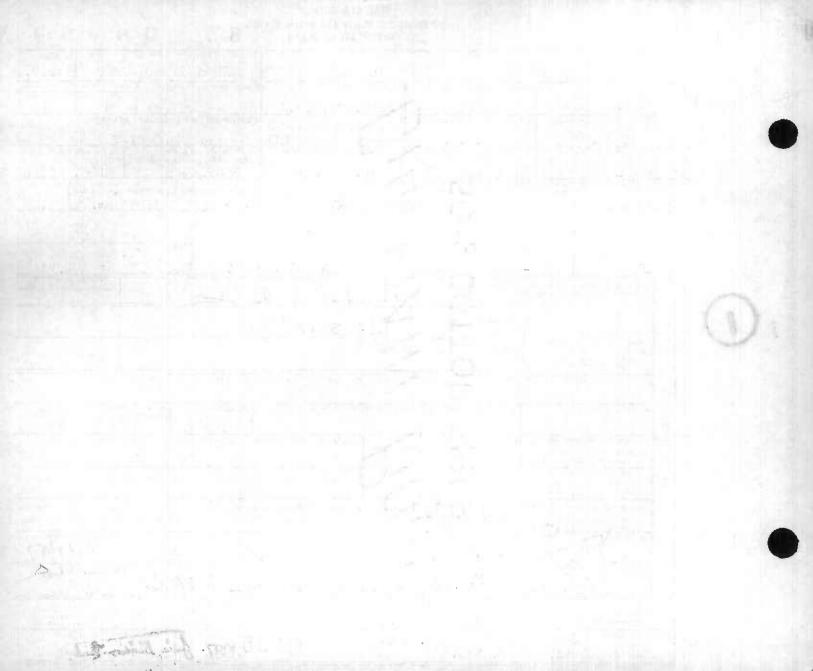
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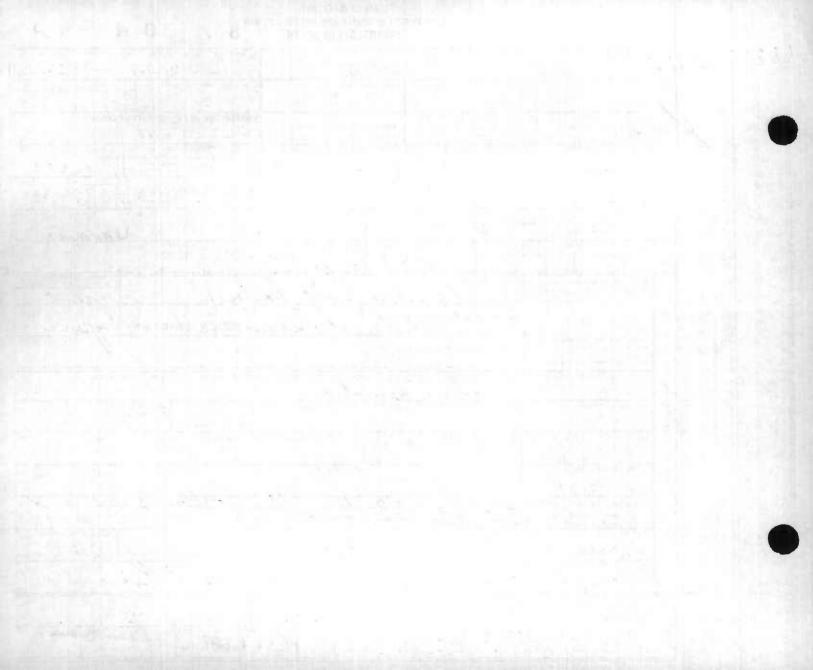
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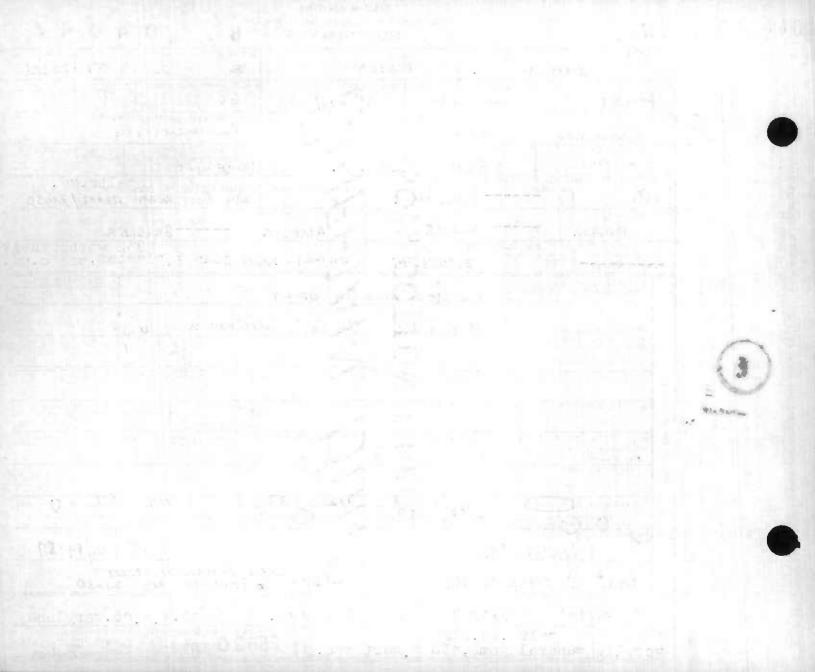
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR (TYPE OR PRINT) MORTON FEBRUARY 19, 1987 BENESCH 1:26P.M 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR MONTH CAUCASIAN MALE SEPT. 26, 1923 63 a. BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND U.S.A. DIVORCELX XX WIDOWED [BALTIMORE CITY NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE 6424 PARK HEIGHTS AVE. APT. BLDG. SUPPLIES SALESMAN USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI (21215)136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE NOF 6424 PARK HEIGHTS AVE. APT. 2B 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE BENJAMIN **EDITH** BENESCH MENDELSOHN 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS APT. D YES 216-18-4896 LEONARD SEIDMAN 7228 PARK HEIGHTS AVE. 21208 WWII-ARMY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 WE DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 70s AUTOPST? 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT NO IT 23b. TIME OF INJURY THE HOW INJURY OCCURRED. (ENTER NATURE OF HIGHER OF HIGH IS PART I OR PART). 21a. ACCIDENT WAS UNDERLYING [1] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH IN BITHER NISTEY MEDICAL EXAMINERS TH LOCATION 214 INJURY OCCURRED THE PLACE OF INJURY COUNTY STATE AT HOME STREET ENCYONY OFFICE FABRATIC E 22s. I certify that (i) (this hospital) attended the decease and that in (my) (our) opinion ileath occurred on the date and hour and from the causes stated 274 SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY SPEBURIAL 2/22/87 CEMETERY ARLINGTON BALTIMORE 4 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215 DHMH - 16 60M 7/B4 (VRA 15, 4)



	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. NO	0 4 0	46
7 550 1	I DE	CEASED NAME FIRST	-	WIDDLE	(AST	20 DATE OF DEATH		2b HOUR
St CO	VII.	PRPRINTI ANN	Œ		BENJA	MIN	FEBRUARY 9	9,1987	10:00AM
- P	3 SE	X	4 RACE	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
So	F	FEMALE	WHITE		~J2	N. 28, 1898	89	YRS	MOURS MIN.
18		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O BALTIMORE	CITY	MD.
190		BALTIMORE	II. NAME OF (IF NOT IN SUI CONCOR	HOSPITAL, NURSING CHEACILITY, GIVE STREET,	G HOME CADDRESS)	OR OTHER INSTITUTION V. BELVEDERE A	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O VE HOUSEWI	F WORKING LIFET INDUSTRY	OF BUSINESS OR
35	13a S	AL RESIDENCE (IF NURSING HOME STATE MARYLAND	OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFORE 134 CITY OR TOW BALTIMOI	ADMISSION)	13d. INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS 2 2500 W. BE	(2121 ELVEDERE AVE	5) . #512
a volument	14. F/	THER'S NAME FUOSEPH	MIDDLE BL	LOCK LAST		15 MOTHER'S MAIDEN NAME FIRST B	ME BETSY MIDDLE	UNKA	SI
medical	NC	VAS DECEASED EVER IN U.S. () PES, NO OR UNKNOWN)	ARMED FORCES? GIVE WAR OR DATES)	215-24-2		MRS.	JEANE SWER	EN #21209	(MATE INTERVAL ONSET AND DEATH
min. Then preuse anovocous on prior to bursol, clementon, or only injury, or other froumotic.	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	(b)_ DUE TO, O (c)_ T CONDITIONS C	Derule,	NCE OF DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART 1	INGS USED
Hygiene 18 shaws	ERTIFIC	21a. ACCIDENT WAS UNDERLYING	21b. TIME O	OF IN IURY		21c. HOW INJURY OCCURR	YES NXX	IN CERTIFYING CAUSES	NO [
Mentol Hy	MEDICAL C	OR CONTRIBUTING CAUSE OF I	DEATH HOUR A	.M. MONTH DA .M. OF INJURY	Y YEAR	211. LOCATION	TENTER NATIONE OF INSIGN	(THATICALLY)	
n ono	WE	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	wn COUNTY	STATE
of Heol		220.1 certify that (I) (this had saw the deceased alive abave) (I) (we) (did) (did			87.00	d that in (my) four) apinion of	death occurred on the do	ofe and hour and from the	that
State Dept	1	276. SIGNATURE	0 8/4	ileha		DEGREE ATTENDING PHYSICIAN [2]	MEDICAL STAF	22c. DATE 2/9	SIGNED /87
old b	6	VOSEPH (- MA	TUHA	e	3631 De	d Cours	Rel	
od w M		BURIAL BURIAL	FEB.1	1,1987 BI	ETH T	EMETERY OR CREMATORY FILOH CONG.	234 LOCATION CITY OF TOWN WOODLAN		MD. STATE
- 16 60M 7/84	24 FI	UNERAL DIRECTOSOL LES	VINSON &	BROS TO MI) (2	250 DATE 1215) FFB	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNA	USEAL

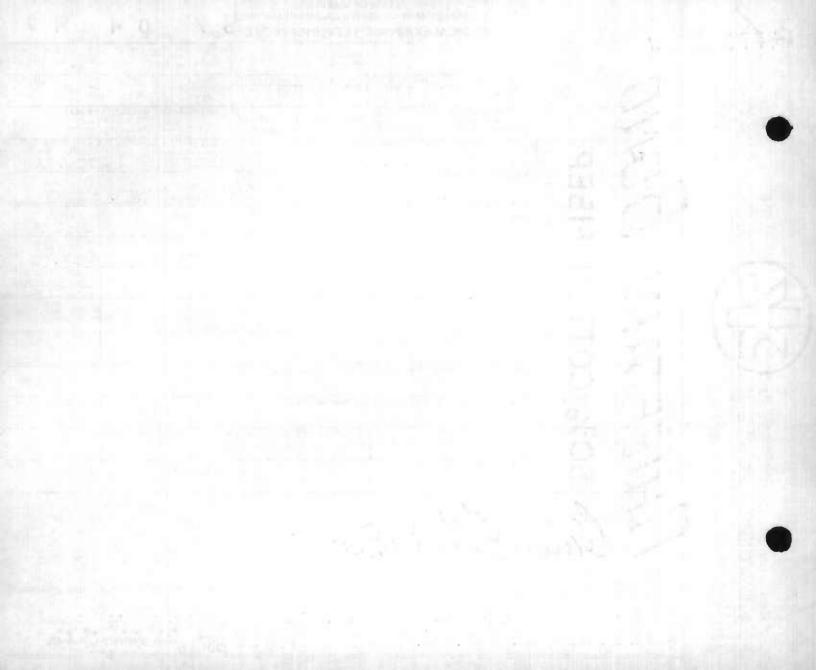


					E OF MARYLAND			
4833 FEB	J - STAT	E STRAR			IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 7 REG. N	0 4	041
	I. DECEASE		WIDDLE	0	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
0 4 E	(TTPE OR PRIN	AMECI	A A.	Benso	\sim	1	2 19	87 2:50Am
de 4 may	1. SEX	rsle	Cancacia	S. DATE C		6 AGE (IN YEARS LAST BIR	MONTHS	DER 1 YEAR OF UNDER 24 HRS DAYS HOURS MIN.
BA	COUNTR	ACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	OUNTRY? II. MARRIE WIDOW	D NEVER MARRIED DIONORCED	BACT IMO	R COUNTY OF D	EATH MD.
11111	10 CITY OR	TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, 6	. NURSING HOME	OR OTHER INSTITUTION	128 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	OF WORKING LIFE! IN	KIND OF BUSINESS OR DUSTRY
33	USUAL RES	IDENCE (IF NURSING HOME O	INTY 1360CITY	OR TOWN	138 INSIDECITY LIMITS?	130.STREET ADDRESS	ZIP CODE Pal He ATH 57	to.Md.
1 16 7	I4. FATHER	S NAME FIRST ADAM	MIDDLE KLE	3É	15. MOTHER'S MAIDEN N A MELIN	MIDDLE	6eisle	LAST 2
Pages of the same	(YES, NO	ECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDR	ESS 2732	marbourne,
ines that the death cert good by the american control commons carbon build commons on the vry, or other transmits ex-	gov cous und PARI	ditions, if ony, which e rise to immediate (0), stating the erlying couse lost	DUE TO, OR AS A CO	STATUZ ONSEQUENCE OF		arcinoma	of lung	PARLTio
9	19¢ D	ATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	28a AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
SCIAN: T g phraic althous mailthy ben 18 sh	OR C	CCIDENT WAS UNDERLYING DITRIBUTING CAUSE OF DI	HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	IRY IN ITEM TO PART 1 O	PART 2)
otherdon the things the burner of the con-	21d I	NJURY OCCURRED	21e PLACE OF INJUR	RY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN CO	OUNTY STATE
R ATTENDS to the section or HEECTOR. A the for use of the other test of the other te	5		otto) ottended the deceose not view the body ofter dea	40	nd that in (my) (our) opinio	n death occurred on the d	12	224 DATE SIGNED
PITAL O by the NERAL D Stoke ANT. II	22d. 5	HYSICIAN'S NAME (TYPE	ORPRINT)		ATTENDING PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICO	CIAN	2/19/87
TO HOSE			HRYSSOS UD		3.136H .	Baltimore	MD 2	1230
BP	23a. BURIAI (SPECIF)	Burlai	2/21/87	Cedar	Hill Cemt.	Palto	E & E & E	. Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	N	ame Ra	lto.md.212	30ss OF FOR		EB 2 0 1987	1	SIGNATURE



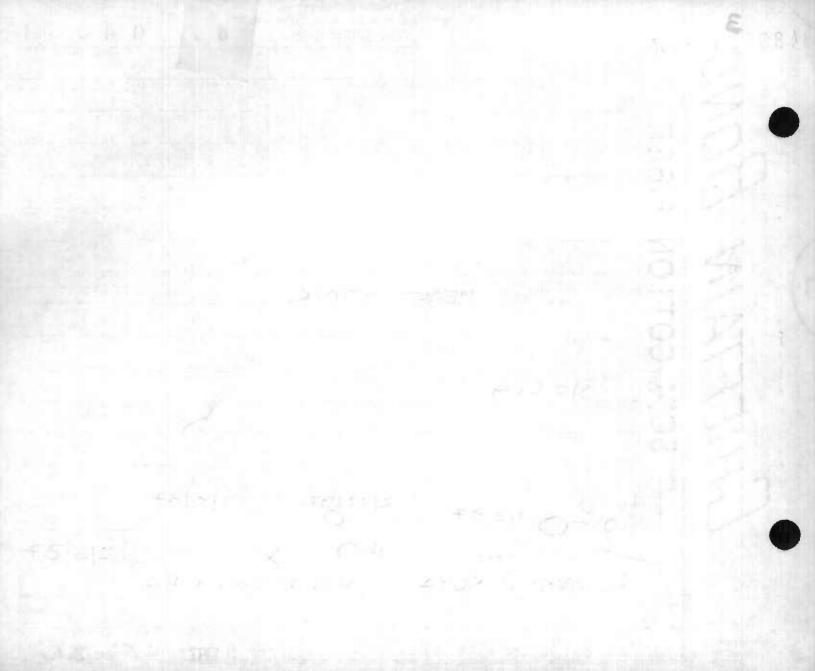
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O CREGISTRAR P. DECEASED NAME 20 DATE KNOWN 7h HOUR TTYPE OR PRINTS OF ESTI-Juanita Ann Bennett 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH DAY LAST BIRTHDAY PRONOUNCED Black. 29 19 67 DEAD 19 0 Female TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Md. USA DIVORCED X WIDOWED O CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Baitimore St. Agnes Hosp. Unemployed SUAL NO MINE SUAL RESIDENCE (IF IN NURS 113e. STREET ADDRESS Woodlawn 13d INSIDE CITY LIMITS? 6402 Craigmont Rd. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Lillian loyd Nicholson Thomas 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 218-12-9099 6402 Craigmont Rd. Leonard Moore APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY tartatic Small ce IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 62 tel 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗍 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 216 PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK 22# I certify that I took charge of the remains described above, held an Autopsy Natural causes death resulted Iram: Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE M.D. MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 2/28/87 Western Star Cem. Burial Catonsville 07/84 24 FUNERAL DIRECTOR **DHMH - 17** Wm C March F/H West 4300 Wabash Ave (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 20. DATE KNOWN MIDDLE DECEASED NAME MONTH (TYPE OR PRINT) OF ESTI-BERMAN LEONARD UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS DEATH MATED 15 1987 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IE UNDER 24 HRS DATE 2d HOUR NOV. 27,1916 MALE WHITE PRONOUNCED 15 87 03:15 DEAD FUNERAL 5 FOR YC Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED MARYLAND USA DIVORCED WIDOWED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Bal7/more AVE. (21215)TECHNICIAN 1, 2, AND 3 TO T M 3. RETAIN PA D 2 SHOULD BE F WITH RECORDS DENTAL LAB 5446 Fairlawn USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORE 5446 FAIRLAWN AVE. YES X NO [(21215)14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALIDIDI E MIDDLE LAST SAMUEL BERMAN ROSE UNKNOWN 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES. NO, OR UNKNOWN) NO 212-18-5061 MR . BERNARD BURKOM 2808 SMITH AVE. (21209 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carcinoma of the Colon DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOTO DEPARTMENT OF PRIOR TO BUR 210. EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING DOR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 218 PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that Maak charge of the remains described above, held an Autaesv Inspection Inquiry TEST and in my apinian death resulted fram Natural causes Hamicide Undetermined manner TITLE (SPECIFY TO FUNERAL DAFTER DEATH. MEDICAL EXAMINER Dennis F. Smyth, M.D EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL 2/17/87 ROSEDALE, BALTO., MD. BOBROISKER BENEF 07/84 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. 25M **DHMH - 17** 6010 REISTERSTOWN RD. BALTO., MD. (21215) (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO T. DECEASED NAME 2a. DATE OF DEATH MORRIS TTYPE OR PRINTS 4. RACE 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR YEAR MALE WHITE 85 TO BIRTHPLACE ISTATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND USA BALTIMORE CITY WIDOWED DIVORCED [IO CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE LEVINDALE NURSE LEVINDALE BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) APT. 806 136 COUNTY 136 CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MARYLAND BALTIMORE 2500 W. BELVEDERE AVE. YES XX 21215 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME **ABRAHAM** BERNSTEIN MATILDA UNKNOWN 60 WAS DECEASED EVER IN U.S. ARMED FORCES? MRS. ELSIEPJACOBSON 166 SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN) 215-24-0815 6725 GREENSPRING AVE. BALTO., MD 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic).
PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. IMMEDIATE CAUSE (o), DUE TO, OR AS A CONSEQUENCE OF CIRINARY TRACT INFECTION Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO T 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN STEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 216 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (this hospital) attended the deceased from sow the deceased alive on d that in 1997) (our) opinion death occurred on the date and hour and from the causes stated obove, (we) (did) 226 SIGNATURE DEGREE 271. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN [22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL RIGA KURLANDER VEREIN FEB.20,1987 ROSEDALE SOL LEVINSON & BROS., ILNC. DHMH - 16 60M 7/84 6010 REISTERSTOWN RD. BALTO., MD 21215 (VRA 15, 4)

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		11.1	1. DE	CEASED NAME	FIRST	MI	DOLE		LAST		2a. DATE OF D		DAY	YEAR	2h HOUR
	by be	÷	(TYPE	OR PRINT) NORM	IAN	Loui	is	BIEBEL			FEBRUA	RY 26.	. 1987	, .	2:30A, M
	yoe pog	D .	3. SE	(4.	RACE		5 DATE	OF BIRTH		6. AGE (IN YEAR			ER TYEAR	IF UNDER 24 HRS
	e 4	\$ of	/	Male	(Caucasia	an	July	1 DAY	1930	,	56	MONIHS	DAYS	HOURS MIN.
	Pog dire	DEV		RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF W	HAT COUNTR	Y? 8	DE NEVER		9 BALTIMORE	CITY OR COU	NTY OF DE	EATH	
	eoth.	ST. S.		aryland		U.S.	A.	WIDOW		MARKIED TO	BALTIM	ORE CIT	Y		MD
-17	er d	d b	10. CI	TY OR TOWN OF DEAT	Н 11	NAME OF HO	SPITAL, NUR	SING HOME	OR OTHER INS	TITUTION	12a. USUAL OC		12b.	KIND OF	BUSINESS OR
5	s of		BA	LTIMORE	Carlo	THE JO	HNS HO	PKINS I	HOSPITA	L		Operato	r G	25 &	Elect.
DIVISION OF VITAL RECORDS, 201 WERRESTON ST. BALTIMORE, MARYLAND 2120	2 E	3 2 L		AL RESIDENCE HE NURSIN	G HOME OR OT		IVE RESIDENCE BEF		1 13d INSIDE O	CITY LIMITS?	13. STREET AD	DRESS / 7IP C	ODE		
2-4	40% A	ould with	Ma	aryland			Baltin		YES	NO 🗌	130 STREET AD	Durham	St.	#212	131
3	Cathing Seely 4	2 st	14 FA	THER'S NAME	MI	DDIE	LAST		15. MOTHER	S MAIDEN NA	_	MIDDLE		LAST	
WA	Pa sldw	3		Louis	J		Biek	el	В	ertha		MIDDLE		Wien	ner
NE.	S CHIE	edicol		VAS DECEASED EVER IN		ED FORCES? 1	66 SOCIAL SE	CURITY NO.	17 INFORM	ANT		ADDRESS			
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1510	PH tend	he bu	ME	WHILE IT NOT WHILE			T FACTORY, OFFIC	E, FARM, ETC)	STREE	1		CITY OR TOWN	co	YINUC	STATE
N	Afte of	olth nork		AT WORK	_	- · · · · · ·	1 11	9	120	0-)	2/20		87 II	
	DE TEN	f Hed		22a.1 certify that (1) (1 saw the deceased above, (1) we) (did				0 ~7		(our) opinion	death occurred o	on the date and		, 111	not (1) (we) lost
	AT AT	p t d te		obove, (1) we) (did	1) स्वस्त गल्ही?	view the body of	iter deoth.		DEGREE					2c DATE S	
	the ho	e De		10-1	+ (0	rnwal	· MI	h		ATTENDING	MEDICAL	STAFF		9.	16/57
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	5 g 5	€3 ₹	23a B	URIAL, CREMATION, RI	EMOVAL	23b. DATE		NAME OF	EMETERY OR		23d LOCATI		- 37 2	17.1	
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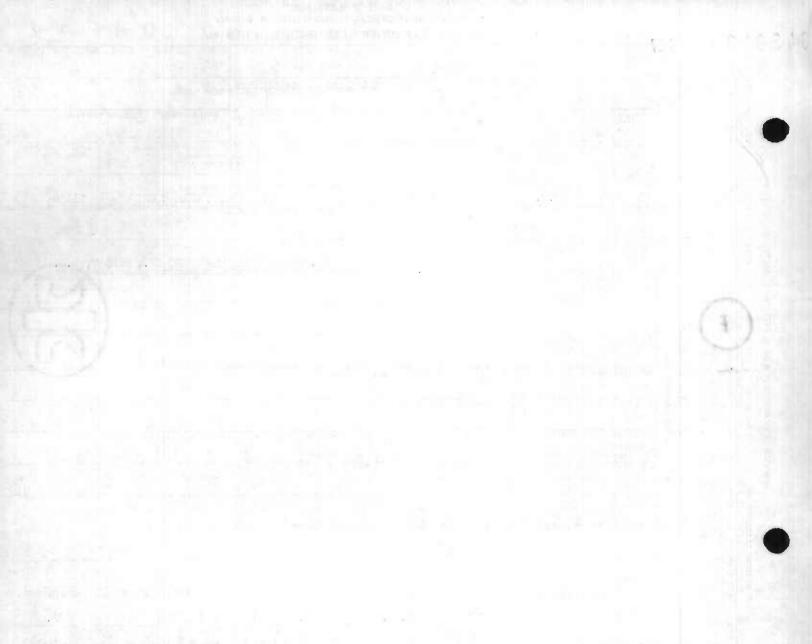
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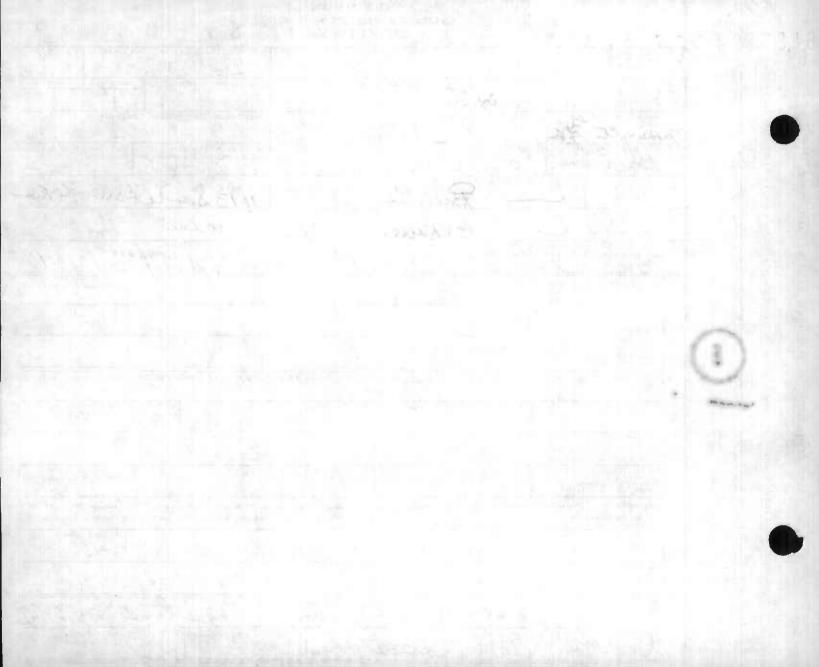
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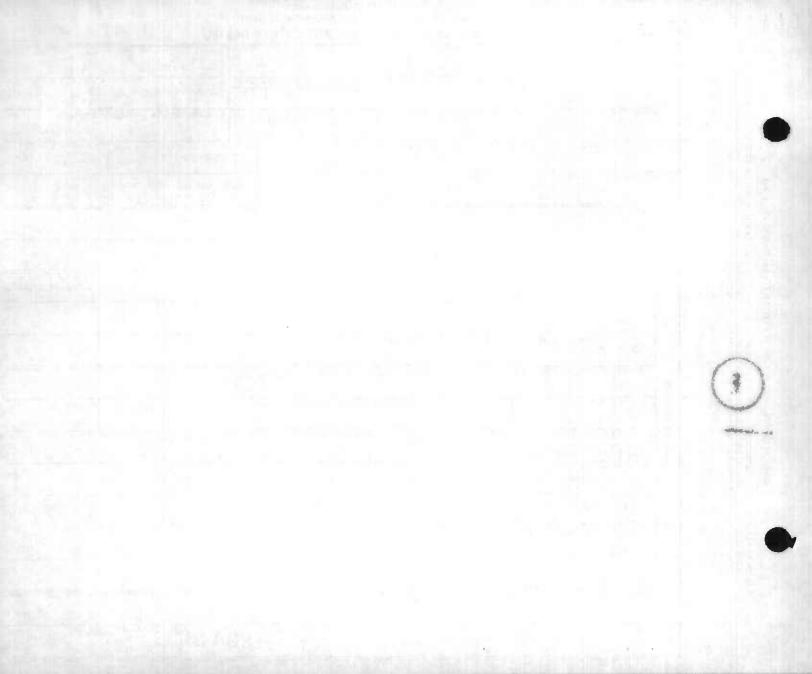
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. N DECEASED NAME 20. DATE KNOWN TYPE OR PRINT) OF DIMETAL DIRECTOR.
OUR FILES.
DIWITHIN 72 HOURS **GEORGE** FRANKI IN BINES DEATH MATED 19 87 TV 4 RACE S. DATE OF BIRTH AGE (IN YEARS IF LINDER 1 YR IF UNDER 24 HRS 2d HOUR 24. DATE LAST BIRTHDAY PRONOUNCED 5:40 MAY F DEAD 1987 WHITE AUGUST 3. 1963 23 TO BIRTHPLACE (STATE OR TO CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) MARYLANO USA WIDOWED [DIVORCED Baltimore City CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) University Hospital Baltimore (STU) UNEMPLOYED UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL No COUNTY 13a. STATE 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MO P.G. CROFTON YES [NO X 1500 LOWELL COURT 21114 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST **GEORGE** FRANKLIN BINES, III DIANE LOGWOOD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (IF YES, GIVE WAR OR DATES) YES MRS. OIANE BELL 1226 BROAD ST., RAHWAY, N.J. 07065 155 58 8200 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Gunshot wound of head (handoun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) SHOULD BE USED AS A I PARTMENT OF HEALTH , RIOR TO BURIAL, CREM 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH PXX 2-1-19 87 Self-inflicted 21e PLACE OF INJURY (AT HOME. III. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY STATE 21201 EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 home 1500 Lowell Ct. Anne Arunde MD 220. I certify that I taak change of the remains described above held an Autapsy and in my opinion Suicide X death resulted from Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CREMATION 3FEBRUARY87 R. A. FERRIS + CO. WEST CHESTER. PA. 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 who Devideon-Raidall (VR A15 ME (5)) MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MO. 21078



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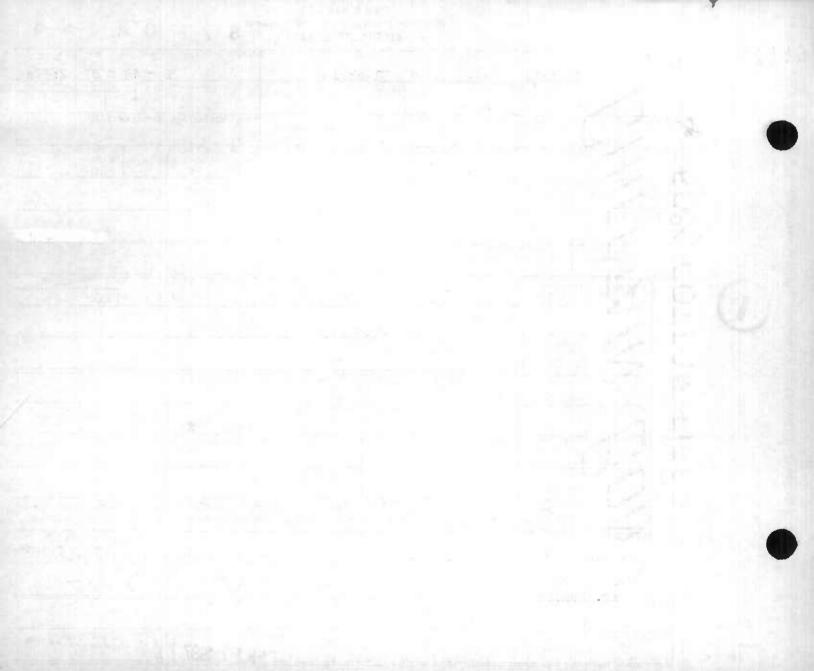
STATE OF MARYLAND 044969 FEB DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Black Jasper 1/87 10 DEATH MATED SEX 4. RACE 5. DATE OF BIRTH 6 AGE (INYEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY) :45 PRONOUNCED 64 YRS 9 22 15 black 17/ 1987 male DEAD Th CITIZEN OF WHAT COUNTRY? TA BRITHPLACE CHATEOR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PORTION COUNTRY Baltimore City WIDOWED [Va USA DIVORCED 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION TIME OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Beth Tehem Caborer Life Baltimore 27th Street BE STATE 13b COUNTY 13c. CITY OR TOWN 130 STREET ADDRESS 13d. INSIDE CITY LIMITS? Md Baltimore YEST E. 27th Street NOT 21218 I FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Joseph Black. Lottie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 230-03-2981 Geraldine Shine 1814 E. Federal Street 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY RETWEEN ONSEL AND DEATH Asphyxia IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Binding and Gagging gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO T 210 EXTERNAL CAUSE WAS 216 TIME OF INITIRY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH P.M. subject found bound and gagged 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK STATE Balto. City, Md. basement 314 E. 27th St., 220 I certify that I took charge of the remains described above held on Autopsy Inspection Inquiry Homicide X death resulted from Undetermined monner TITLE (SPECIFY) PAGE 4 SHOUNT TO FUNERAL DI AFTE DEATH ACTUAL SIGNED_ 2/18/87 SIGNATURE M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. (TYPE OR PRINT) lll Penn St. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Burial 2/24/87 Baltimore Cemetery Baltimore Md 07/84 25M 24 FUNERAL DIRECTOR FFB 2 4 1987 REGISTRAR'S SIGNATURE DHMH - 17 Wm. C. March F/H 1101 E. North Avenue (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 2b HOUR 17 DECEASED NAME TYPE OR PRINTS 87 R. Virginia Blackburn 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX 4 RACE MONTH YEAR Female White 10 1903 83 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED WIDOWED DIVORCED [Baltimore City West Virginia U.S.A. 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore St. Agnes Hospital Cafeteria Worker Balto, Co. School USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore 21207 NO KX 1528 Ingleside Ave Baltimore YES [Maryland 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST MIDDLE MIDOLE FIR51 Joseph Snapp Kathryn Blanchfield **ADDRESS** 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO 212-38-4626 Harry Blackburn Same as 13e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for ta), (b), and to: PART I. DEATH WAS CAUSED BY: W. PRESTON ST. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Assign Canditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 O CERTIFICATION 0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT 8 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE saw the deceased olive an 2 - 12 obove, (I) (we) (did) (and not) view the body after death ,19 _____, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated 27b. SIGNATURE DEGREE 77c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ld be 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE STATE (SPECIFY) 2/17/87 BP Good Shephar Cemetery Ellicott City Md. Burial 250 DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Alia Devider - Ko DHMH - 16 60M 7/84 1630 Edmondson Ave. Catomsville, Md. 21228

Lerov M. & Russell C. Witzke Funeral Home

(VRA 15, 4)



				STA	TE OF MARYLAND					
259 FEB 1	718	OR TATE REGISTRAR	DEPAR	4059						
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I INCO		lbert	B. Blacky		Janice	Margaret	Conway			
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O FUNES Co FUNES MADURA SAME MADURA SAME M		224 PHYSICIAN'S NAME (TYPE	as m. 2121			rich Paven Blv	1, But ma &			
BP		urial, cremation, remova Burial	2/13/87 23b. DATE 2/13/87		CEMETERY OR CREMATORY US Mem. Cein	Arbutus,	COUNTY STATE			
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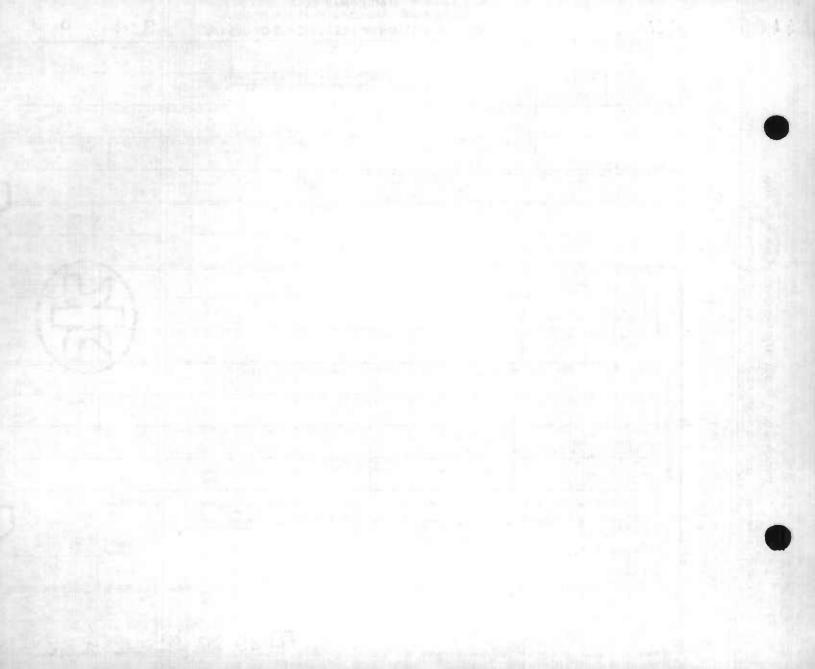


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 044856 FEB -CSTATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME FIR51 20. DATE KNOWN MONTH DAY YEAR 7h HOUR AND 3 TO THE FUNERAL DIRECTOR.

RETAIN PAGE 5 FOR YOUR FILES.

SHOULD BE FILED, WITHIN 72 HOURS.

RECORDS, 201 W/ PRESTON STREET. (TYPE OR PRINT) OF ESTI-Bland George 19 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH 45 AST BIRTHDAY) PRONOUNCED 11:50 11 41 Male Black DEAD 1987 YRS To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & Maryland U.S. WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) (Soc. Sec.) Baltimore 434 Oxford Court USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MD, 21201 13a STATE 13c. CITY OR TOWN 136 COUNTY 13d. INSIDE-CITY LIMITS? 13e. STREET ADDRESS 434 Oxford Court 21201 Balto. Md. YES NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) I F YES. GIVE WAR OR DATES 216-42-4727 No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Chronic renal disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Diabetes mellitus gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NOX DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK WHILE COUNTY STATE TO MEDICAL EXAMINER IN EXECUTE THE CERTHICATE PAGE 4 SHOULD HE FORM AFTER DEATH, WITH THE STARTINGORE, MARYLAND 2 InspectionXX 22s. I certify that Atook charge of the remain Autopsy pheritard abave, held on death resulted Hamicide Undetermined manner ACTUAL DATE 2/17/87 Assostamt Dennis F. Smyth, M.D. EXAMINER'S NAME 111 Penn St. Balto.MD. (TYPE OR PRINT) 23 a BURIAL, CREMATION, REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 2-18-87 Removal 07/B4 BP. 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** NAME ADDRESS. (VR A15 ME (5)) State Anatomy Board Balto., Md.



DHMH - 16 60M 7/84

(VRA 15, 4)

23c. NAME OF CEMETERY OR CREMATORY BALTIMORE BETH TFILOH MARYLAND BURIAL FEB. 17, 1987 SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 6010 REISTERSTOWN RD. BALTO:, MD 21215 ulia Devideon-Roa

26 HOUR

126 KIND OF BUSINESS OR

#21208

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

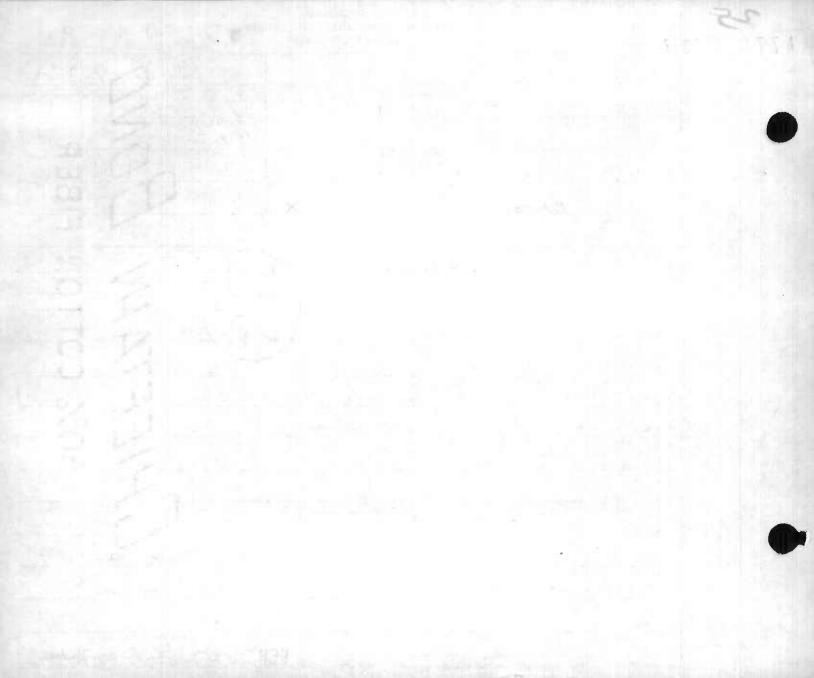
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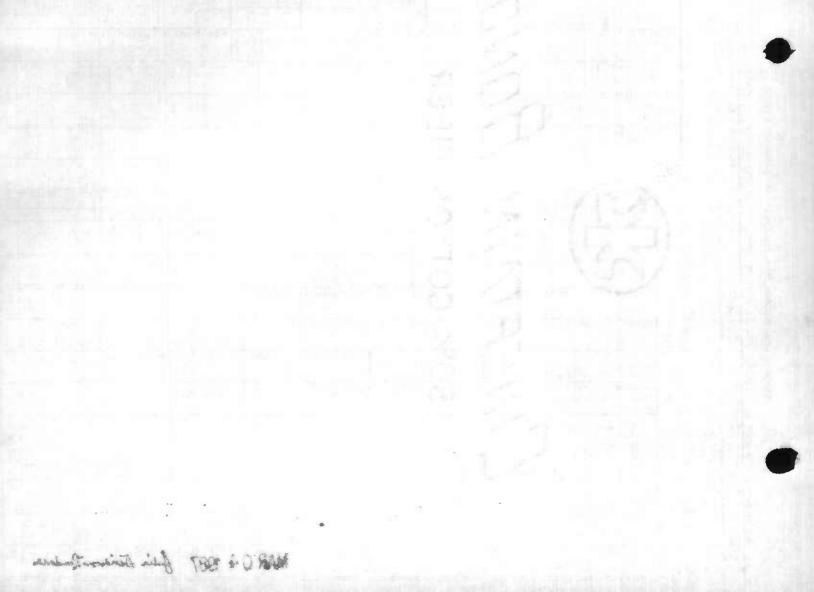
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IF UNDER 24 HRS



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR ILDECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-2-20-87,9 BLANKENSHIP ATH. IF ANY DELAY IS NECESSARY, PLEASE IS 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PM. 3. RETAIN PAGE 5. FOR YOUR FILES. MIDHN SHOULD BE FILED, WITHIN TO YOUR LINESTON STREET, VITAL REGORDS, 2011 W. PRESTON STREET, ROBERT DEATH MATED 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS 26. DATE LAST BIRTHDAY) MONTHS DAYS PRONOUNCED 12:101 Male White 18 26 60YRS DEAD 2-25-8719 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City Washington, D.C. U.S. DIVORCED 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 304 E. Lafayette Avenue FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Security Guard Newspaper USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13d. INSIDE CUTY LIMITS? 13b. COUNTY 13c CITY OR TOWN 13e STREET ADDRESS Md. Balto. 304 E. Lafayette Ave. 21202 YES NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAGES 1, 2
VITH FORM PM 3
PAGES I AND 2
DIVISION OF WITA MIDDLE LAST MIDDLE Robert Edna Aaron Ruth Kearney 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS KAMINER ALONG WITH FOR AL-TRANSIT PERMIT. PAGES I MENTAL HYGIENE, DIVISION N, OR REMOVAL. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 577-30-4100 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cirrhosis of liver IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHE EXECUTE THE CERTIFICATE, WRITING THE WAR PAGE 4 SHOULD BE FORWARDED TO THE CH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE U AFTER DEATH, WITH THE STATT DEPARTMENT BALLJMORE, MARYLAND, 21201 PRIOR TO BURN YES 50 NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (ATHOME. 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 27a I certify that I took charge of the remains described above, held an Inspection ond in my opinion Notural causes Suicide Undetermined manner TITLE (SPECIFY) 2-26-87 ACTUAL DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M. Bres (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Removal 3-2-87 07 84 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** NAME State Anatomy Board Balto., Md. (VR A15 ME (5))

STATE OF MARYLAND



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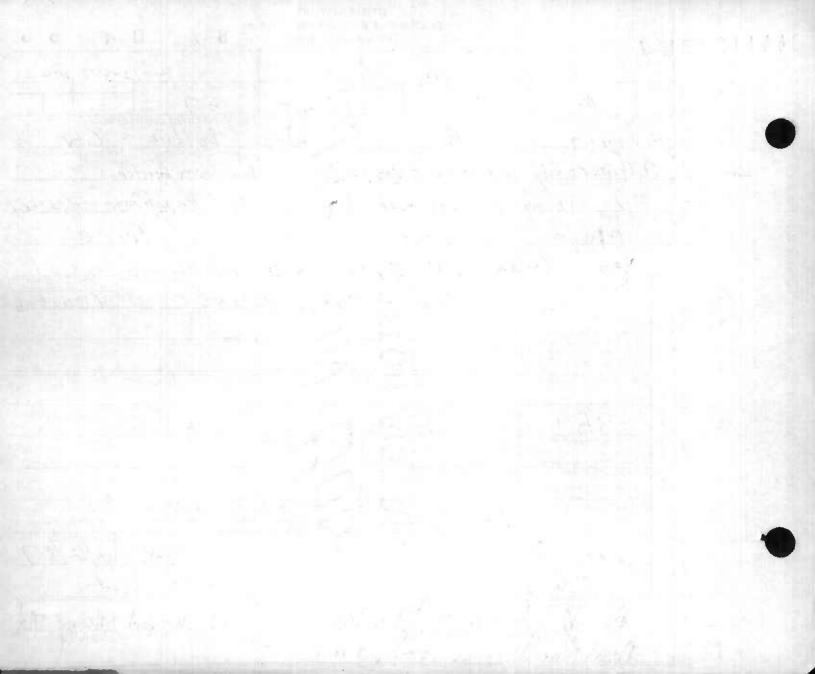
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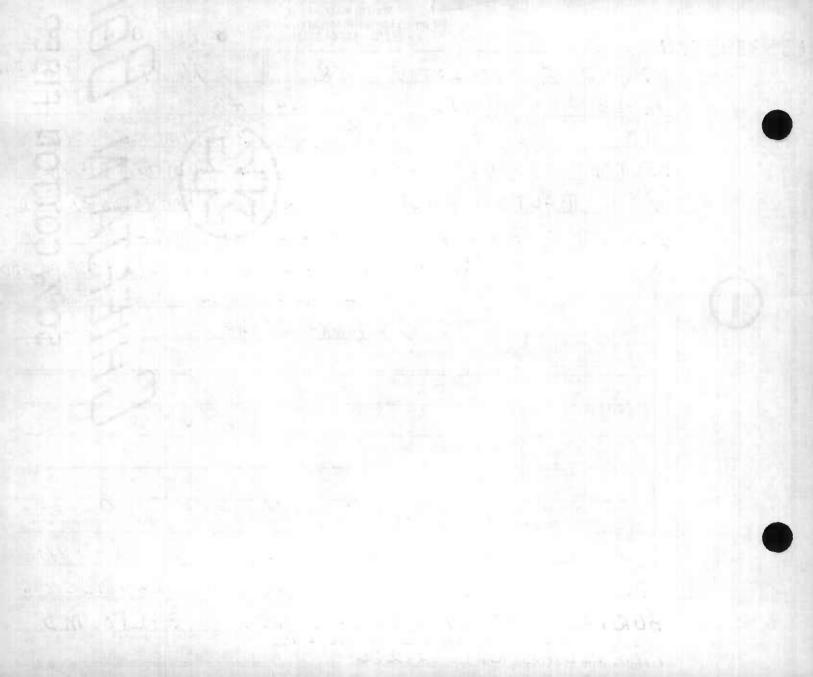
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH I. DECEASED NAME MIDDLE 26 HOUR 5 DATE OF BIRTH A AGE TIN YEARS LAST BIRTHOAYS IF UNDER I YEAR IF UNDER 24 HRS HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? HULLY DESCREON MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION De STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE LANE ATHER'S NAME 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) NO OR LINKNOWNI APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 11/~ IMMEDIATE CAUSE (o). DUE TO OR AS A CONSEQUENCE OF WISCUSPE COUCHBULY BUT. MICS Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO [YES [71n ACCIDENT WAS UNDERLYING 71h, TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 71E LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (Th (this hospital) attended the deceased from sow the deceosed olive on_ and that in (mx) (our) opinion death occurred on the date and hour and from the causes stated above (h (we) (did) (did not view the body after death DEGREE 22b. SIGNATIA 220 DATE SIGNED ATTENDING MEDICAL 6360 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) PORT PSCCIDING ICED MAZTI - 62162 0 73d LOCATION 23c NAME OF CEMETERY OR CREMATORY 73b DATE CITY OR TOWN 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)



FOR

044958

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

		STATE REGISTRAR			CERTIFI	CATE OF DEATH	8 REG NO)	UA	3 0 0
ì	h DEG	EASED NAME FIRST	MI	DDLE	LA	ST .	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
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1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUN	TRY? 8	D NEVER MARRIED D	9 BALTIMORE CITY OF			
	Si	cily, Italy	U.S.A.		WIDOWED		Baltimore	City	y	MD.
	10 CF	TY OR TOWN OF DEATH				OTHER INSTITUTION	128 USUAL OCCUPATION			F BUSINESS OR
4	Ba	ltimore	6017°C	arter	Avenue	21234	(TIPE OF WORK FOR MOST OF		emaker	
	USUA 13a S	AL RESIDENCE (IF NURSING HOME OR		INE RESIDENCE	BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CO	DE	
	Ma	ryland		Balti		YES X NO	2823 Alvar			21234
	14 FA	THER'S NAME	MIDDLE	1.A51	100	15 MOTHER'S MAIDEN NAM	WE		LAS	1
	An	thony	Co	ortoli	llo	Lucia			Sele:	rno
	16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS	11-15-11	UR ST
1	No	VAS DECEASED EVER IN U.S. AR. (ES, NO OR UNKNOWN) [IF YES GIV	- WAR OK DATES	216-2	8-8270	Mrs. Venice	e Deak 6017	Car	rter Ave	. 21214
		18 CAUSE OF DEATH (Enter on	ly one couse per li	ine for (o), (b	ond ic	Λ Ι			BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUSE IMMEDIAT	D BY: E CAUSE (o)	Car	diac	Arrest				
1			DUE TO, OR	AS A CONS	EOUENCE OF	0	190	1.		
	9.1	Conditions, if any, which	(ıb)	Ac	ute	myocardi	ial Infa	rch	on.	
		gave rise to immediate couse 10, stating the	DUE TO, OR	AS A CONS	EOUENCE OF		200		100	
		underlying couse lost.	(c)	AS	SCV 1) ,				
	Z	PART 2 OTHER SIGNIFICANT O	ONDITIONS CO	NTRIBUTING	TO DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION	GIVEN IN PART 10	0
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b (F	YES, WERE FIND IT	NGS USED
	IFIC						YES T NOT	IN CER	TIFYING CAUSES	OF DEATH?
1	CERT	21a ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM	8 PART I OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DEA	118	. MONTH	DAY YEAR					
	MEDICAL	214 INJURY OCCURRED	21e PLACE O	F INJURY		211 LOCATION	CITY OR TO		COUNTY	STATE
	M	WHILE NOT WHILE	(AT HOME STRE	ET FACTORY OF	FFICE FARM ETC)	STREET	CITORIO	114	CODIVIT	SIAIC
-		22a 1 certify that (1) (this hospi	tal) attended the	deceosed fi	rom	. 19			. 19	that (I) (we) last
		saw the deceased alive an above, (I) (we) (did) (did no	t) view the hady o	iter denth	19 one	d that in (my) (our) opinion (deoth occurred on the do	te and h	iour and from the	couses stated
	5	226. SIGNATURE	.4.0		~	EGREE			22c DATE	SIGNED
		Kamal	VV	ferm	01. 1	1 D ATTENDING PHYSICIAN D	MEDICAL STAF			
	18	22d. PHYSICIAN'S NAME (TYPE O	R PRINT))		22e ADDRESS				
		Kamal M. Jair	, M.D.			101 W. Ridg	gley Rd. Ti	moni	ium, MD	21093
	23a B	BURIAL, CREMATION, REMOVAL		141-1		METERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
		urial	02/25/	1987_	Most Ho	ly Redeemer	Baltimore	: Ci	ty, Mary	land
		JNERAL DIRECTOR	-	- ADDI	RESS	25 DAT	FRES DABY ASSTRAR	Sh REG	ISTRAR'S SIGNAT	URE
		eonard J. Ruck.	Inc. B	altimo	re. Mary	Land				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the otten should be detached for use as the buriol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to buriol, cremation.

MPORTANT. If Item 21 is morked or Item 48 shows

TO HOSPITAL OR ATTENDING PHYSICIAN. The low

Leonard J. Ruck, Inc. Baltimore, Maryland

and a super and a superior of the superior of TOTAL STREET OF THE STREET maigral , will stock that the second of the second second for the second second

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH - REGISTRAR LIDECEASED NAME 20. DATE KNOWN XX MONTH 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED 1987 1), 2, AND 3TO THE FUNERAL DIRECTOR.
PM 3. RETAIN PAGE 5 FOR YOUR FILES.
DID 5 SHOULD BE FILED, WITHIN 72 HOURS
WITAL RECORDS: 201 W. PRESION STREET, Ronald Bonnell & AGE (IN YEARS | IF UNDER 1 YR 4 RACE 5 DATE OF BIRTH IF LINDER 24 HRS DATE 2d HOUR MONTH YEAR LAST BIRTHDAYS 10:42 HOURS PRONOLINCED 1,87 DEAD Male White 3 22 35 51 P. M 76. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S. WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 126 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) 1622 N. Calvert Street Baltimore USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 113h COUNTY 13c CITY OR TOWN 13d. INSIDE CUTY LIMITS? 13e STREET ADDRESS 1622 N. Calvert St. Balto. 21202 YES T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Gertrude Hughes 66 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) I LIF YES, GIVE WAR OR DATES! 235-50-5312 Yes APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Alcoholism IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 196 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 71h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Inspection ond in my opinion Notural couses XX deoth resulted from Homicide Undetermined monner EXECUTE THE CERTIFE
PAGE 4 SHOULD BE
TO FUNERAL DIRECT
AFTER DEATH, WITH
BALTIMORE, MARPLE TITLE (SPECIFY) Deputy ChiefMEDICALEXAMINER 2-28-87 ACTUAL DATE SIGNATURE SIGNED. EXAMINER'S NAME 'Ann M. Dixon, 111 Penn St., Balto., Md. 21201 M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 3-2-87 Removal 07/84 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATU **DHMH - 17** (VR A15 ME (5)) State Anatomy Board Balto., Md.

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56	28	MAR -2	917-	FOR STATE REGISTRAR			DEF		FICATE OF		8	REG. NO.	0	4	Ui	7 0
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	E dd	ffer	3. SE	. 1	4	RACE		5. DATE	OF BIRTH	YEAR	6 AGE (IN YEAR	S LAST BIRTHDAY) IF	UNDER I YEA	R IF UNDE	ER 24 HRS
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BALTIMORE	Smale	1 40		AS DECEASED EVER		ED FORCES?		SECURITY NO.	17 INFORMA			ADDRESS		100		
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<u> </u>	phys	l-tron		OR CONTRIBUTING			M. MONTH	DAY YEAR	ZIC HOW IN	JURY OCCURR	ED (ENTER NATURE	OF INJURY IN I	TEM 18 PART	OR PART 7		
Z	YSKC fing	Went	MEDICAL	LIFEITHER NOTIFY MEDIN		_	OF INJURY	19	211 LOCATIO	ON						
DIVISION OF VITAL RECORDS, 201 W.	offer the	as the t	ME	WHILE NOT WH	HE T			FFICE FARM, ETC.)	STREET	1	C	ITY OR TOWN		COUNTY		STATE
	OR A	Heal S B		22a I certify that (I)		I) attended th	ne deceased f	07	2-1	1981	, to		19	87	, that (II	
	ATTE	2 to E		saw the decease above, (I) (we) (c	did) (did nat)			19 <u>8</u> , a		(aur) apinion o	leath occurred o	n the date a	nd havi a			
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	by the	e Stote		224 PHYSICIAN'S NA	ME CIVES ON	a will			22e ADDRES	PHYSICIAN _	DIRECTOR	PHYSICIAI L	8	12-	19-8	5 1
	TO HOSPITAL retained by the TO FUNERAL	should be de		ROBET	7 (Grenc	well 3	20	Merc		rital					
	T o T	,, 5/	23a B	URIAL, CREMATION,	REMOVAL	236. DATE		23c NAME OF	EMETERY OR	CREMATORY	23d LOCATIC			COUNTY		STATE
	BP		(Cremation	2	2/2	3/87	Carro	1 Cre	matory	Ha mo	stead	d Ca	rrol	.1 MI	
	DHMH - 16			obert K.	Dwid	tta C	Sr. APP	Estmin	ater	MDFFA	2 6 198	TRAR 256 F	REGISTRA	R'S SIGN	TURE	
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Assertation (Commenced - The Horas Commence of Margar Flores Commence O STATE A TO SALE CONTROL PROPERTY OF A STATE OF A STATE OF A

STATE OF MARYLAND

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TE OF DEATH MONTH	DAY	YEAD	21	HOUR	_

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moy be poge 3	I DE	CEASED NAME RIPST	G- B	ORNS. 5. DATE OF I	TEIN	20 DATE OF DEATH		OM
ge 4	1	EMPLE	alhile	MONTH #	24 /915	71	MONTHS DAYS HOURS	MIN.
leoth. Po	B. B.	RTHPLACE (STATE OR FOREIGN COUNTRY),	76 CITIZEN OF WHAT COUNTRY?	MARRIED (NEVER MARRIED DIVORCED	Baltimore city of		MD.
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RYLAND 2120 within 24 hours etely filled in by 12 should be fill Tine fmyst be	130. S Ma:	ryland Howa		N 113	3d INSIDE CITY LIMITS? YES NO		ZIP CODE RD 2104	44
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BALTIMORE, I	16a V	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN] (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 031-07	_SO21	1 INFORMANT Leven	dale	ss	
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X 222	CERTIFICATION	19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO S			200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES \(\begin{array}{c} \text{NO} \\ \text{PS} \\ \text{NO} \\ \text{NO} \\ \text{PS} \\ \text{NO} \\ \text{NO} \\ \text{PS} \\ \text{NO} \\ \text{NO} \\ \text{NO} \\ \text{NO} \\ \text{NO} \	H?
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BP		Burial Burial	Feb. 16, 1987		tlawn	CITY OR TOWN	Howard Mary	and
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR Harry	H Witzke & Famil	y Fune	ral Home 250 DAT	B 2 0 1987	SE RECISTRAR'S SIGNATURE	

Inc 4112 Old Columbia Pike Ellicott City

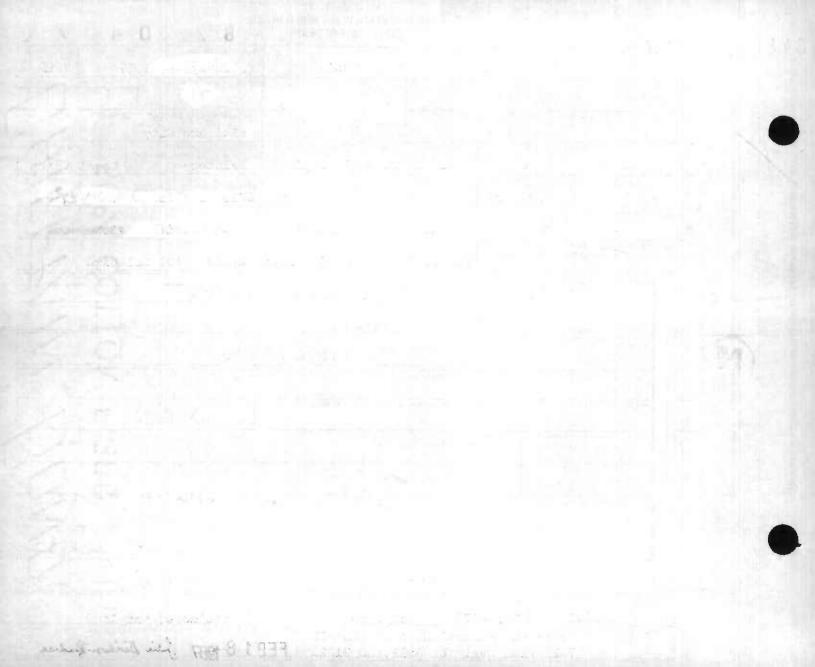
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5 GRIME -6		CEASED NAME FIRST DORE	OTH & MIDDLE	BOULWARE	20. DATE OF DEATH	MONTH DAY YEAR 26 HC	10
ade a	3 SE.	FEMALE	Black	5. DATE OF BIRTH MONTH FEB 6	6. AGE (IN YEARS LAST BIR	THOMAY) IF UNDER I YEAR IF UND TO MONTHS DATS HOURS THE YEAR IF UND TO MONTHS DATS	DER 24 HRS
174		RTHPLACE (STATE OR FOREIGN COUNTRY) COTH LAROLINA	76 CITIZEN OF WHAT COUNT		Baltimore City of	OR COUNTY OF DEATH	M
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CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH COUNTY COUNTY OF DEATH COUNTY O			Item # 15, Film G	624 2/19/87	RA S	TATE OF MARYLAND				
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Maryland Mar	and the state of t	B	altimore /	South Bal	timore Ge	eneral Hospita	TYPE OF WORK	OR MOST OF WOR	KING LIFE) INDUSTR	Υ
220 I certify that (I) (this hospital) attended the deceased from 19 37, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obvers (I) (we) (did) (did not) view the body after death. 220 I certify that (I) (this hospital) attended the deceased from 19 37, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obvers (I) (we) (did) (did not) view the body after death. 220 I certify that (I) (this hospital) attended the deceased from 19 37, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obvers (I) (we) (did) (did not) view the body after death. 220 I certify that (I) (this hospital) attended the deceased from 19 37, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obvers (I) (we) (did) (did not) view the body after death. 220 I certify that (I) (this hospital) attended the deceased from 19 37, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obvers (I) (we) (did) (did not) view the body after death. 220 I certify that (I) (this hospital) attended the deceased from 19 37, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obvers (I) (we) (did) (did not) view the body after death. 220 I certify that (I) (this hospital) attended the deceased from 19 37, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obvers (I) (we) (did) (did not) view the body after death. 221 I certify that (I) (this hospital) attended the deceased from 19 37, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obvers (I) (we) (did) (did not) view the body after death. 222 I certify that (I) (we) (did) (did not) view the body after death. 223 I certify that (I) (we) (did) (did not) view the body after death. 224 I certify that (I) (we) (did) (did not) view the body after death. 225 I certify	ND 212	13a. S	TATE	11Y 113c C	ITY OD TOWN	13d. INSIDE CITY LIMITS	13e.STREET AL	DDRESS / ZIP	CODE,	21222
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DEGREE TYPE SIGNATURE TYPE S	ADIN ADIN OF SERVICE S						7	राजा		
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	TEN TO POST IN THE		sow the deceased alive on	2/16	19 5 7	and that in (my) (our) opin	ion death occurred	on the date a	nd hour and from th	ne couses stated
PHYSICIAN DIRECTOR PHYSICIAN DIR	F U 1, 4 0 11		obove (li)(we) (did) (did no	1) view the body after						
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AL CHARGO DA DECISION DE CONTRA DE C	TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECt should be detoched for with the Stote Dept of IMPORTANT: If them?	23a. 8	22d. PHYSICIAN'S NAME ITYPE C	they i	mo Amb	ATTENDING PHYSICIAN 22e. ADDRESS 360	MEDICAL DIRECTOR [STAFF PHYSICIAN	22. DA	-16-82 3/ACT.MOR
	TO HOSPITAL retoined by the TO FUNERAL should be detunish the Store IMPORTANT:	23a. 8	22d. PHYSICIAN'S NAME (TYPE OF THE PROPERTY OF	Luf PRINTING V L	AMB 236 NAME	ATTENDING PHYSICIAN 2006 ADDRESS 366	MEDICAL DIRECTOR C	STAFF PHYSICIAN	226. DA 2	STATE
(VRA 15, 4) 7922 Wise Ave. Dundalk, MD 21222 FFB 1 8-1987 Julia Dindon Radice	TO HOSPITAL TO HOSPITAL TO FUNERAL should be det with the Stote IMPORTANT:	(22d. PHYSICIAN'S NAME ITYPE OF URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 2-19-87	AMB 236 NAME Oak	ATTENDING PHYSICIAN PHYSICIAN 360 COMPANY AND CREMETERY OF CREMATOR Lawn	MEDICAL DIRECTOR S. H RY 23d LOCAT CITY Balt	STAFF PHYSICIAN' AMOUGH TION RETOWN CIMOTE.	220. DA	OHET. MOR



completely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

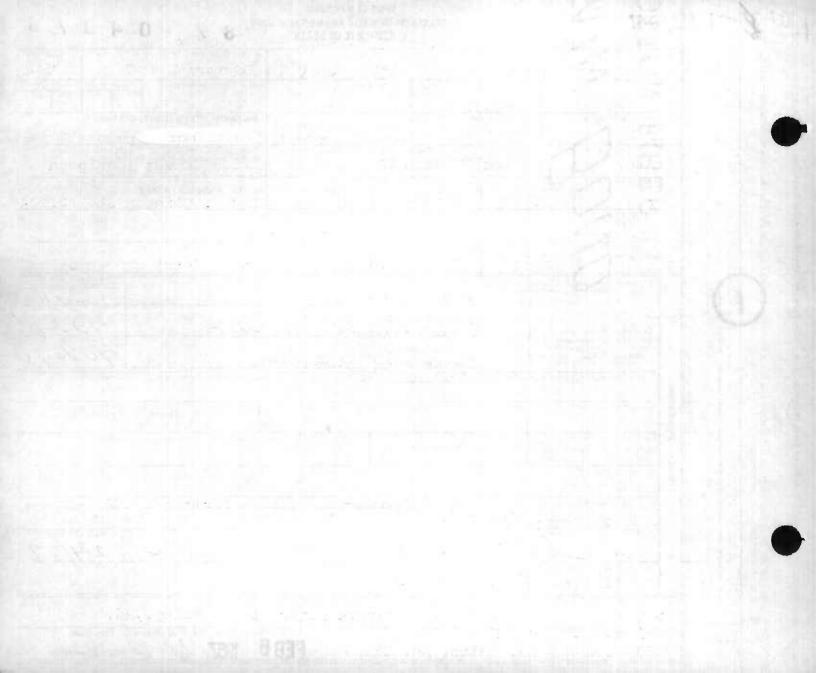
TO FUNERAL DIRECTOR: After this certificate has been signed by the attribuould be detached for use as the burial-transit permit. Then please remave with the State Dept. of Health and Mental Hygiene prior ta burial, cremation.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deal

retained by the haspital or attending physician.

executed within 24 hours after death. Page 4 may be

6	3	0-67				OF MARYLAND				unit of
T i	1-	GOR 7				EALTH AND MENTAL HYGI	8 7	0	4 0	15
		REGISTRAR Charle	s Edwa	rd Bowers	KIIF	CATE OF DEATH	REG. NO		· ·	1
(CEASED NAME FIRST	^	AIDDLE 6	-	AST		MONTH DAY	YEAR	2b HOUR
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56		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	ARRIED	NEVER MARRIED	9 BALTIMORE CITY O	COUNTYO	FDEATH	
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	14 FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM			LAS	
DO	Ur	nknown	MIDDLE	thot		Carrie Unl			t As	
1	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURITY	NO.	17. INFORMANT	ADDRE	SS		
/	Ye			171-10-9	16	Helen R. (Chobby (di	r) sa	ame ac	ddress
9	CERTIFICATION	Candifians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OF DUE TO, OF DUE TO, OF CONDITIONS CO	PAR UMOR RAS A CONSEQUENCE CAS A CONSEQUENCE MYOCATOL DITRIBUTING TO DEATH	OF OF OF BUT	Man acc	NAL DISEASE OR CONI	20b. IF YES, V	VERE FINDIN	
	CER	210 ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY M. MONTH DAY	/FAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	TORPART 2)	
4	CAL	OR CONTRIBUTING CAUSE OF DEA	4117		19					
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE FARM, E	rc }	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
		270. I certify that XX this hasping the deceased alive on above XIX well (did XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Februa (view the body	e deceased from Decent 4 19 87 April 19 87	, an	nber 26, 19 86 d that in (MX (aur) apinian d DEGREE ATTENDING PHYSICIAN [MEDICAL STAR	te and haur a		causes stated
		BURIAL, CREMATION, REMOVAL			OF CI	EMETERY OR CREMATORY	23d LOCATION			
		ürïal	2/6/	87 Bal	tir	more Nationa	al city of to Ba.	Lto., N	na".	STATE
/84	180	AREMUNEK Fune	ral Ho	me, Inc.		25a DATE	REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNAT	URE
704	3:	331 Brehms La	ane, Ba	alto.,Md.	21	213 FEB	5 1987	ulia Dicor	day. A	1.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR TYPE OR PRINTI Ethelyn 02-08-87 Bowersock 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 11 1856 Female Caucasian BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Rhode Island Baltimore, City USA WIDOWED X CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimere South Baltimore General Housewife Home SUG JOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13g.STREET ADDRESS / ZIP CODE 130. STATE 13d. INSIDE CITY LIMITS? Linthicum 601 E. Maple Road MD A. A. NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE E. Coale Clarke Arthur Margaret ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO 17 INFORMANT G. Bowersock Jr. Same as Edward 18. CAUSE OF DEATH (Enter only one couse per line for to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a 201 W. PRESTON ST Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE CERTIFICATION 150 DATE OF OPERATION 19s. CONDITION FOR WHICH OPERATION WAS PERFORMED 28s AUTOPSY? 284 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T THE ACCIDENT WAS UNDERLYING 21% TIME OF INJURY THE HOW INJURY OCCURRED. LENGT HABITATION OF BUILDING BY THE IS PART & GREAKE SE HOUR A.M. MONTH DAY YEAR ON CONTRIBUTING THE CAUSE OF DEATH MEDICAL OF ESTIMER, INCOME MEDICAL EXAMINERS P.M. 19 21d. INJURY OCCURRED TIE PLACE OF INJURY THE LOCATION COUNTY AT REME STREET FACTORS, OFFICE FARM, ETC.) CITY OR TOWN NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (aur) apinian death accurred ail the date and haur and Iram the causes stated abave, (1) (we) (did) (did nat) view the body ofter death. DEGREE 22c. DATE SIGNED H. MEDICAL ATTENDING be deta PHYSICIAN DIRECTOR PHYSICIAN with the Sign. 22d PHYSICIAN'S NAME d b Elmo Gayoso 5411 Frederick Road 21228 shoul MD 230 BURIAL CREMATION, REMOVAL 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE Burial STATE 02-11-87 Loudon Park Cem. Baltimore. 24 FUNERAL DIRECTO 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Catonsville, MD 21228 DHMH - 16 60M 7/84 MacNabb Funeral ! Home (VRA 15, 4)

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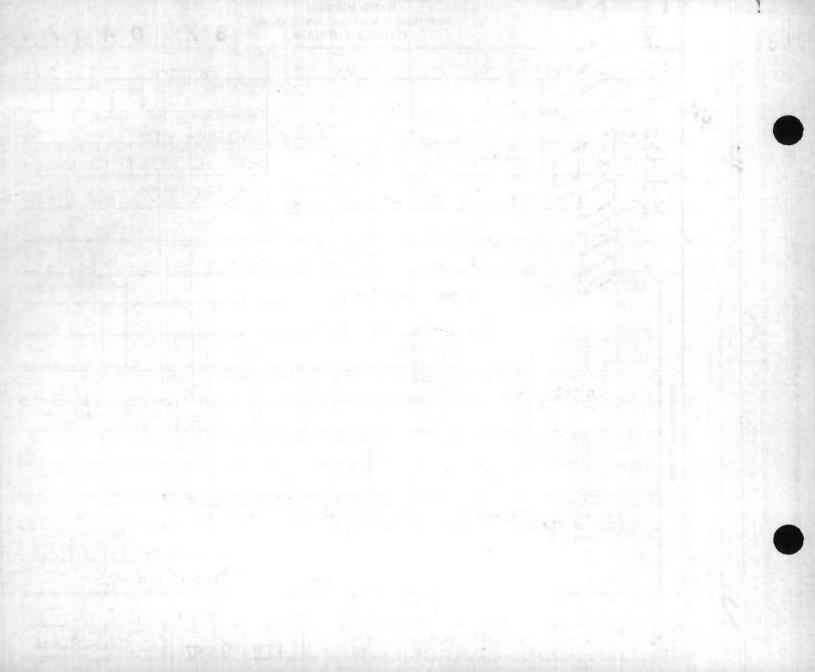
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)											APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
A THOUSE		PARTIDO	ATH WAS CAUSE IMMEDIA	TE CAUS				C Ca	ardiovascu	lar d	isease				
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ANTHE SAN STAR		gave ri	se to immediate	- 2	(b)										
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A SEESE	TIFIC													YES	NO 🔀
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9 ET 50 50	CAL	CONTRIBUTI	NG CAUSE OF	DEATH	P.M.		19								
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A PER		death result	ed from: Natu	rol fautu	4X	Accident	U, Suicide	· [],	Homicide	Undeter	mined manner	∐,			
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TO MEDICAL EXAMIN EXECUTE HE CERTIFIC PACE A SHOULD BE TO FUNERAL DIRECT AFTER DEATH WITH THE		EXAMINER'S (TYPE OR PRI	NAME GT	ego	R. K	auffm	an, M.D	•A	DDRESS_ 111	Penn :	St., Ba	alto.,	MD	2120)1
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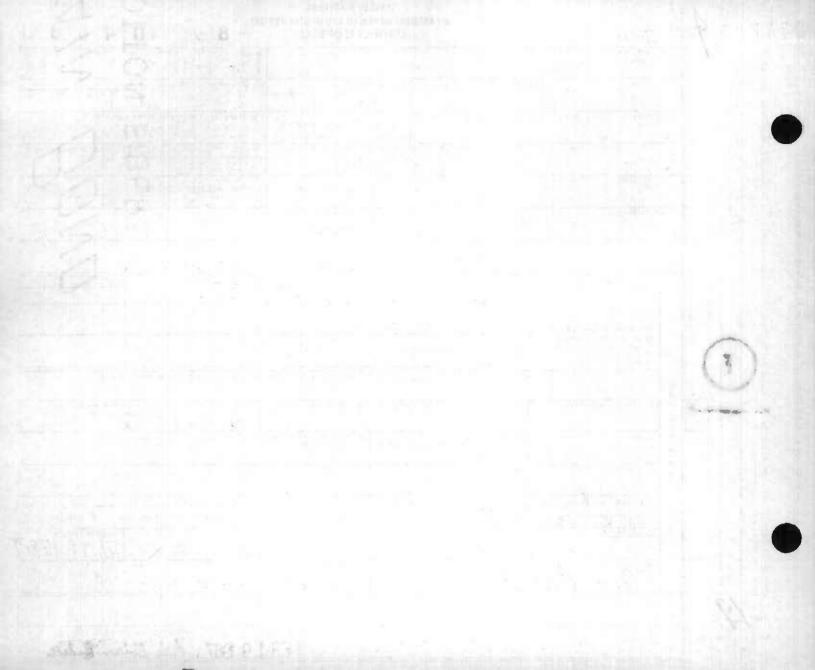
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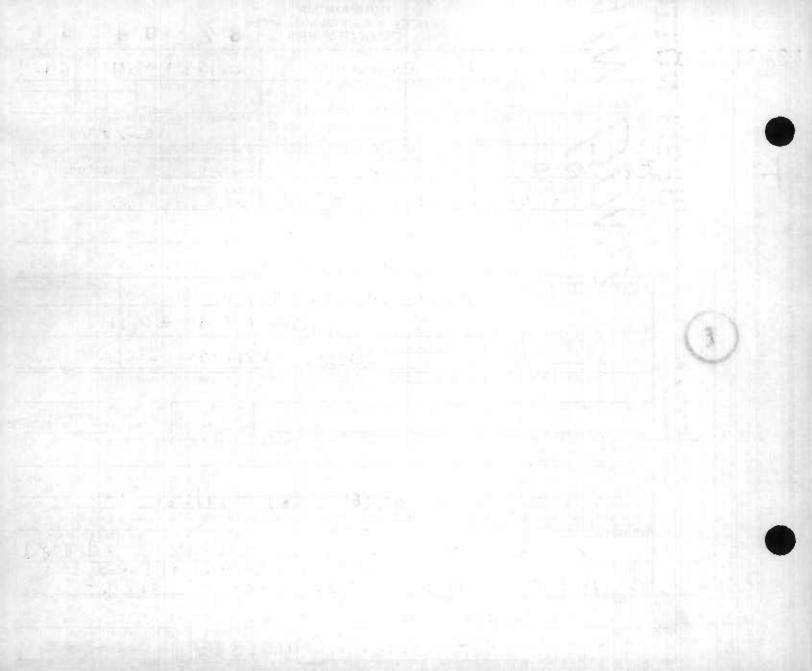
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1 2 2 1 2 552		FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 REZIN	0	4	0 /	9
143010 (13)	1. DEC	CEASED NAME FIRST		MIDDLE	L	AST .	MEO.T.	MONTH DA	Y YEAR	2b HOU	IR
4 61	(TYPE	OR PRINT) Fr	ank	Α.	E	Brady	Febru	uary 7	1987	7 2:25	i. Am
0 27	3. SE		4 RACE		5. DATE C	OF BIRTH	6 AGE IN YEARS LAST BIR	THDAY) IF	UNDER I YEA	R IF UNDER	24 HRS
\$ 85 X		MALE	WHI	TE	JUNE		61	YRS			
2 32 10	20 BI	RTHPLACE (STATE OR FOREIGN COUNTRY)		F WHAT COUNTRY	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	FDEATH		
1 11 (1)		ARYLAND	U.S		WIDOWE	D DIVORCED	Baltimore				MD.
248	P	altimore	Maryt	and Gener	at Res Hos	or other institution spital	120 USUAL OCCUPATE (1YPE OF WORK FOR MOST O UNEMPLOYED -	F WORKING LIFE)	INDUSTR D DI	OF BUSINI Y SABLE	D
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 PLOSECIAN The Low requires that the death certificate be executed within 24 hours when the certificate has been uponed by the other deposits to and completely filled by the many Memory Hygers provide bound, common or removed. The one Memory Hygers provide bound, common or removed.		ALRESIDENCE (IF NURSING FOME TATE 13 CO RYLAND BAI	OR OTHER INSTITUTION UNITY	13c. CITY OR TON CATONS		13d INSIDE CITY LIMITS? YES NO X	13. STREET ADDRESS A	ZIP CODE RD. C	ATONS	VILLE	21228
MARYL MARYL	1	THER'S NAME FRANK	H.	BRADY		15 MOTHER'S MAIDEN NAM	E MIDDLE		GROSS	LAST	FL.
ORE, xecu dico	160 V	VAS DECEASED EVER IN U.S. (15, NO OR UNKNOWN) (15 YES. YES	ARMED FORCES? GIVE WAR OR DATES!			17 INFORMANT	ADDRI		200		
Time		YES W	WII	219-16-	9938	MAXEY I. ABE	RNATHY 50 D	ELREY			
f., BAL physical named ment, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY:	er line lar (a), Ib), a Respira		Arrest			BETWEE	OXIMATE INTE	DEATH
IS NO		IMMED	IATE CAUSE (6)_	OR AS A CONSEOL			The later	TO FEM			
DI TELEVISION DE LA CONTROL DE		Canditions, if ony, which	((b)_	Carcinom	a Of	The Lung					
W PR		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO,	OR AS A CONSEQU							
. 20		PART 2 OTHER SIGNIFICAN	T CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	N IN PART	lia	
RDS	CATION			t Failure							
The part of the pa		19a DATE OF OPERATION	19b CON	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, IN CERTIFY YES	ING CAUS		TH?
A STATE	CERTIF	21a. ACCIDENT WAS UNDERLYING	110110	OF INJURY A.M. MONTH D	NAV VEAD	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	1 1 OR PART 2)	
O 37 132 1	CAL	OR CONTRIBUTING CAUSE OF	DEATH	P.M.	19						
VVISION	MEDICAL	21d. INJURY OCCURRED WHITE NOT WHITE AT WORK		E OF INJURY STREET, FACTORY, OFFICE.	FARM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY		STATE
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D 4 0 20 5 1		1.(con!	m	~	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN TO	2	171	87
HOSPIT FUNB Sold be sold be so		22d PHYSICIAN'S NAME 1741 TAWFIK	CHAM	Î		+	Baltimor land Genera		oital		
5 5 5 3		SURIAL, CREMATION, REMOV	AL 236 DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
BP		BURIAL	2-10	-87 L	ORRAIN	E PARK CEMETE	RY WOODLAW	N BAL	TO.	MARYL	AND
DHMH - 16 60M 7/84	LE	NERAL DIRECTOR RUSSEI	L C WI	TZKE EHNE	RAT. HO	MES 250 DATE	E.REC'D. BY REGISTRAR		6		-
(VRA 15, 4)	16	30 EDMONDSON	VENUE C	ATONSVILL	E MD.	21228 F	EB 9 1987	Julia	Dender	n. Kond	ALL

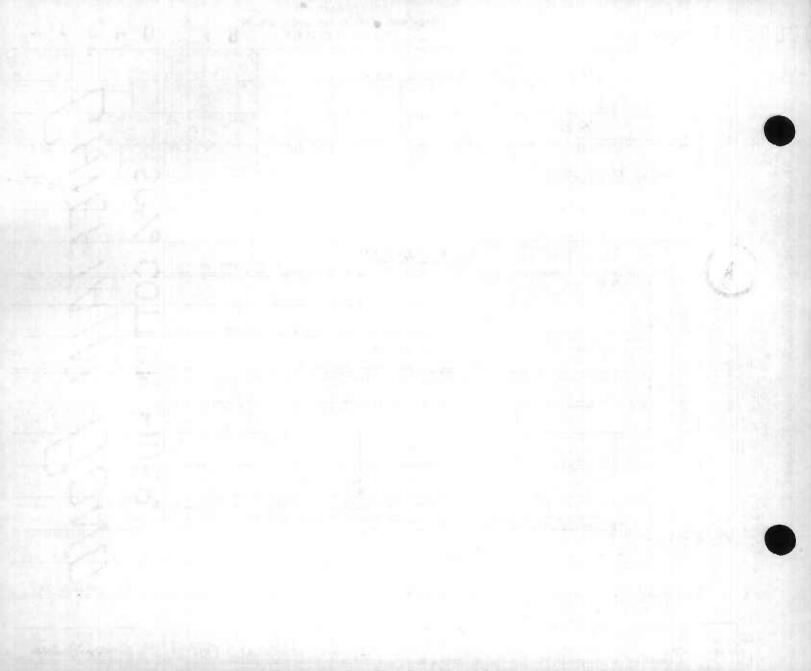


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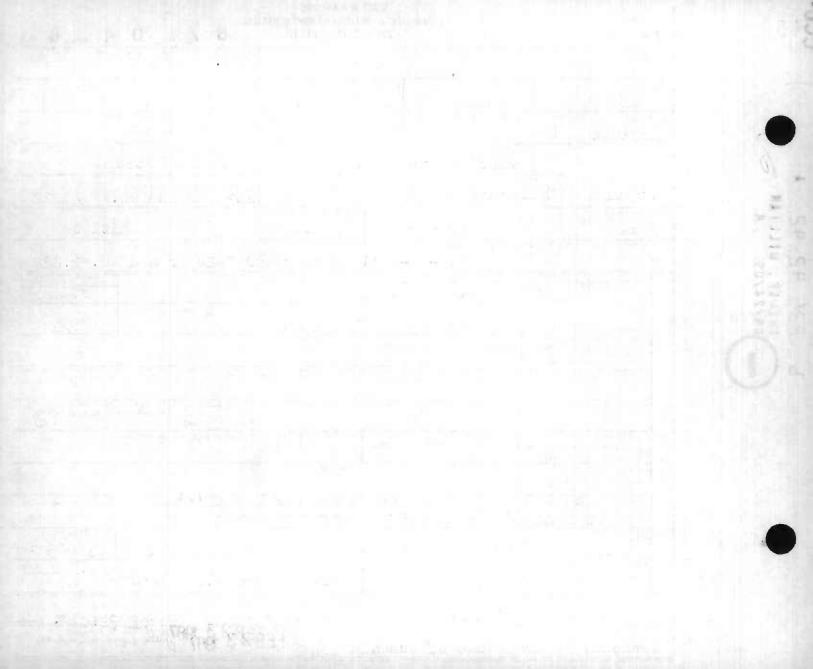




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deoth deoth thun 72	(,,2	COUNTRY) M.D.	VS	WIDOWE	. /		Ba	Iti m	cho, C	IN MD.
5 8 8 6 mg	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		R OTHER INSTITUT		6. USUAL OCCUPATI		126. KIND OF	F BUSINESS OR
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BALTIMORE, MARYLAND 2120 uted within 24 hours completely filled in by and completely filled in by the reserve of 2 should be fill the medicol examiner miss bean		WAS DECEASED EVER IN U.S. AR		A SECURITY NO 88	17 INFORMANT		ADDRE	SS		
OW & PANTY		(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	2 1680	OTO	che	at the			
The the	F	18 CAUSE OF DEATH (Enter or	alv one couse per line for to	(b) and (c)			- 1 1		APPROXIM	MATE INTERVAL
Y		PART I. DEATH WAS CAUSE	DBY	1 1	~NA DAI	e- 3			BEIMEENO	NSET AND DEATH
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9 9 5 5 7		gave rise to immediate cause (a), stating the	(b) 1750	1 B 2 1 B II C	3 1231.4	10 (Micchinan	1112		
The cent		underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF						
201 red b pleos pleos vriet,		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT BELATED TO T	THE TERMINI	AL DISEASE OR CON	DITIONICIVE	LINI DADT 1	
NG PHYSICIAN: The low requirement of the ording physicion. Offending physicion. Offer this certificate been sign of the buriot-tronsit permit. Then the ord Mental Hygiene prior to be orded or them 18 shows any injury orked or them 18 shows any injury.	Z		CONDITIONS CONTINUOS	NO TO DEATH OUT	NOT KEEPIED TO T	THE TERMINA	AL DISEASE OR CON	DITION GIVE	V IIV PART TO	
beer mit.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	D 1	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
hos hos we co	H						YES NO	IN CERTIFYI	NG CAUSES	OF DEATH?
SICIAN: The Ing physicion. certificate hos minol-transit per entol Hygiene entol Hygiene frem 18 shows	ER	210 ACCIDENT WAS UNDERLYING			21c HOW INJURY	OCCURRED	(ENTER NATURE OF INJU			140
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AYSIG	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED	21e PLACE OF INJURY	19	21f. LOCATION			-01		
VISIO	X	WHILE NOT WHILE D	(AT HOME, STREET, FACTOR	OFFICE, FARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
DING P or other After the os the althone		22a I certify that (I) (this haspi	tol) attended the decease	d from "TOO/	3 10	18	to February	23 10	\$ / 1	hat (I) (we) last
TEN TOR or us of He		saw the deceased alive an	Februar 23	19 57 00			th accurred on the do			, , ,
OR ATTOOR		abave, (1) (we) (did) (did no 22b. SIGNATURE	ot) view the bady affer deat	h.	DEGREE				22c. DATE S	
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D.D.	230.	BURIAL, CREMATION, REMOVAL	23b. DATE	ZSC NAME OF C	METERY OR CREM	ATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
BP	24 F	Removal UNERAL DIRECTOR	2-26-87			26- DATE D	ECID BY DECISED A	of DECKES	DIS SIGNIE	10.5
DHMH - 16 60M 7/84	24 1	NAME		DDRESS		LAAD (EC'D. BY REGISTRAR	A . 1 1-	- 0 - 4	RE
(VRA 15, 4)		Anatomy 1	Board	Balto.	, Md.	MENI (0 0 198/	quina D	condument	and the



7 FEB 27	87	FOR - STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAI EALTH AND M ICATE OF D	ENTAL HYG	IENE 8 REG. NO	0 4	0 8
m.e		CEASED NAME FIRST		WIDDIE		AST	11	20 DATE OF DEATH FEBRUARY		26 HOUF 5:4
deoth deoth		WILLIA		J.	BREW					
offer	3 SE		4. RACE	_	5. DATE C	DAY	1 909	6. AGE (IN YEARS LAST BIR		TYEAR IF UNDER 2
direct	To B	Male IRTHPLACE STATE OR FOREIGN	Whi	T E WHAT COUNTR	V2 8	24	1909	9 BALTIMORE CITY O	YRS.	TU
in 72 h	0	country) rginia	USA	WIM COOKIN	MARRIE	D NEVER M	ARRIED	BALTIMOR		
3	19 C	BALTIMORE	11. NAME OF	HOSPITAL, NURS CHEACILITY, GIVE STRI OHNS HOT	SING HOME C EET ADDRESS) PKINS H	OSPITAL	TUTION	120 USUAL OCCUPATION OF THE BET NIEDO	M Steel	IND OF BUSINES
and be	130	AL RESIDENCE (IF NURSING HOME OF STATE AT YLAND BA.	ROTHER INSTITUTION THE IMORGANICAL CONTROL OF COMMENTAL CONTROL OF COMMENTAL	GIVE RESIDENCE BEF	WN	13d INSIDE CIT	Y LIMITS?	13e STREET ADDRESS / 2020 Or ma	zip cope and Rd.	2122
S Paring	14. F.	ATHER'S NAME				15 MOTHER'S				
	1/3	Jack	MIDDLE	Brewe:	r	Mat	tie	MIDDLE	Whit	lock
S licol		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMAN	VT .	ADDRE	SS	
60		10	AE MAK ON DATE?	213-0	9-133	Edna	Brewe	er 2020 Oi	smand Rd	. 2122
onsit permit. Hygiene prio to buria. cermito 8 shaws ony injury, or other trou	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	(c)	DITION FOR WHIC	OUENCE OF	NOT RELATED	TO THE TERM	INAL DISEASE OR CON 200 AUTOPSY? YES NOTE: BED (ENTER NATURE OF INJUITED)	20b. IF YES, WERE FIN CERTIFYING CA	FINDINGS USED AUSES OF DEATH
		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	.M. MONTH	DAY YEAR		ON OCCOM	CO (ENIER NATURE OF INJUI	RT IN TEM IS PART TORPE	KI 2)
ond Mentol	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE	100	211 LOCATION	N	CITY OR 10	wn coun	NTY ST
should be detached for use as with the State Dept. of Health IMPORTANT: If Hem 21 is mor		27e I certify that \$\frac{1}{2}\$ (this hosp saw the deceased alive at above, (1) (see) (did) (did) 27b. SIGNATURE 27b. PHYSICIAN'S NAME (TYPE) TO AVID C	Call OR PRINT;	y after death.	87. ar	DEGREE AT PI 220 ADDRESS	TENDING HYSICIAN	death accurred an the do	FIAN ET 220	m the couses state DATE SIGNED 2-19-8
5 % 3 X	23a	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CE		23d LOCATION	1103/71	
1		Burial	2/23			wn Cer		CITY OR TOWN	altimone	· MAO ST.
	24 F	UNERAL DIRECTOR					25g_QA [स्कानिक स्तिक	Sh. RECIST CARS SI	GNATURE
16 60M 7/84 A 15, 4)	10	onnelly Fune	ral Ho	me of	Dunda	lk	Itt	325 1987	ifulta Davides	n. Kandaea



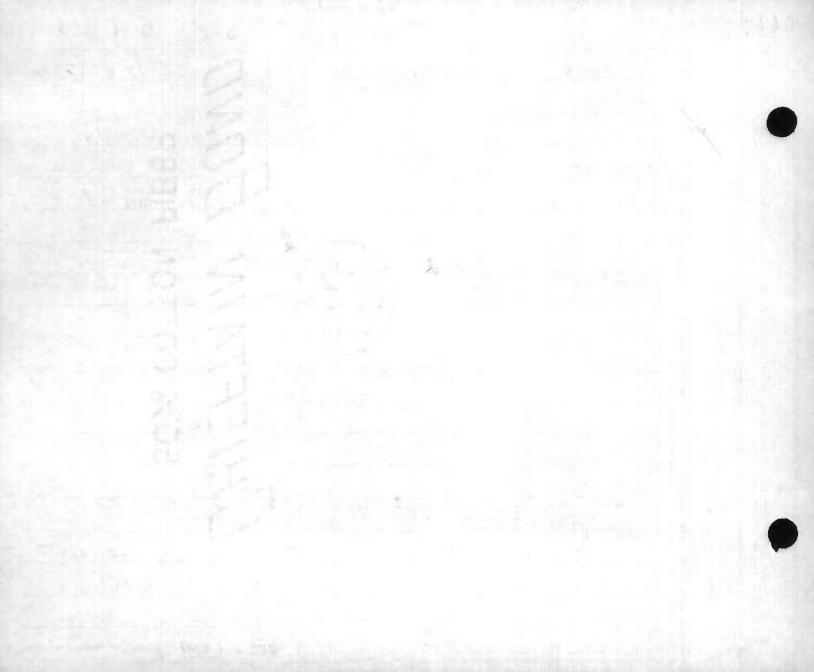
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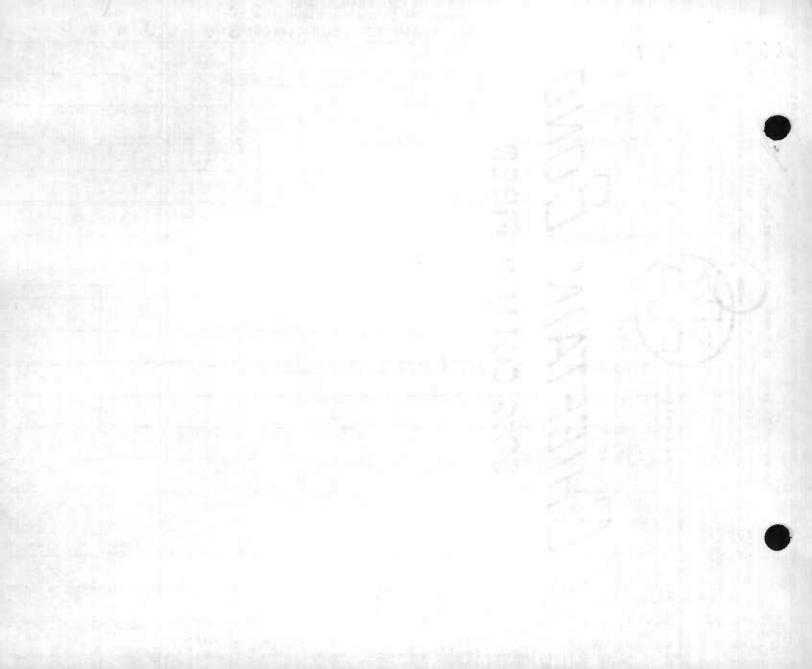
SOL LEVINSON & BROS. INC.

21215

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



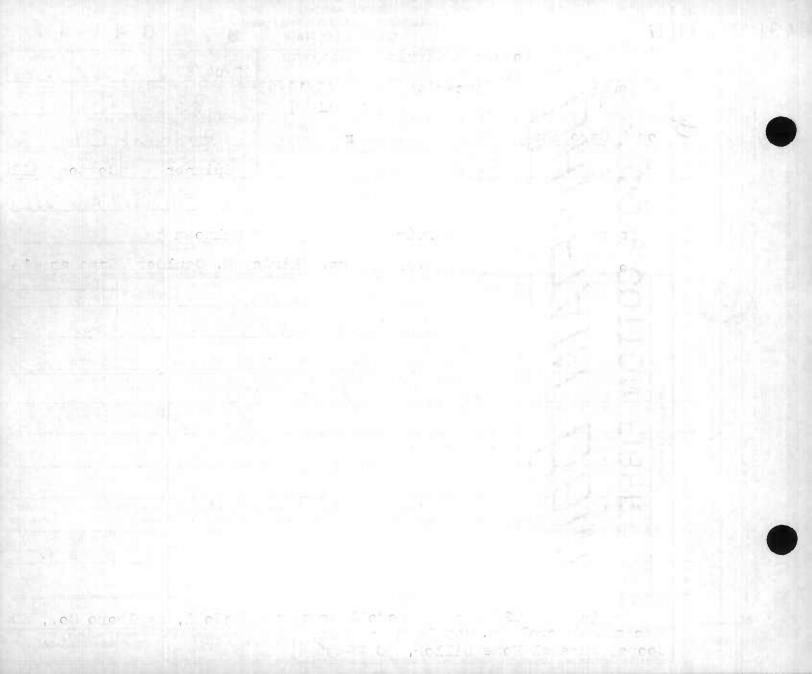
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	SIE SE	3. SE)	(4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS	MONTHS DAYS	IF UNDER 2			MŌM	NTH DA	AY YEAR	2d HOUR
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	SSA PAL	7a. B	RTHPLACE (ST	ATE OR	76. CITIZEN OF WH	AT COUN	TRY? 8. A	ARRIED N	EVER MARRIE	9 BALT	IMORE CIT	Y OR CC			12 141
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all	SHE SHE	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOSE			OTHER INSTITU	UTION	12a USUAL OC	CUPATION	(TYPE OF W	ORK 12h	KIND OF BU	USINESS
1	IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BETAIED, WITHIN 72 HOURS. AL RECORDS 20. W. PRESTON STREET,	E	Baltimon	ce			rial Hos	pital		CONTIN	ENTAL	HOTE	L.	OK IIADOSI	KI
-	AN AIN	13a. S	TATE	(IF IN NURSING HOME OR	OTHER INSTITUTION, GIVE	RESIDENCE	BEFORE ADMISSION)		CITY LIMITS?	17a STREET-ADE	DESC . T		0.7	01.01	
21201	A AN		MD			BAL	PIMORE,	YES X	NO 🗆	130 1609AD	ABBOLZ	STON	51.	2121	8
MD.	S.2.2		THER'S NAME		MIDDLE		124	15 MOTH	IER'S MAIDEN	N NAME	MIDDLE			TIGOLO	
	28 4 5 C		ELÍJAH			BRO	CKINGTON	E	ĽĽA A		MIDDLE		BR	RIGGS	
LTIMORE	S.S.O.P.E.	160 V	VAS DECEASED	EVER IN U.S. ARM	ED FORCES?	16b. SOC	IAL SECURITY NO				ADDŖ				01010
ALT	VETE NE P NE PO NE PO NE SION		NO	(4 120, 5112			?	LILL	IAN HO	LLOWAY !	1609 F	ABBOT	STON	151.	21218
3	N N N		18 CAUSE O	F DEATH (Enter only	ane cause per line f	ar (a), (b),	, and (c).)							APPROXIMAT ETWEEN ONSE	E INTERVAL
34	A DESMINATED	13	PARTIDE	ATH WAS CAUSED	CAUSE (a) Arte	erios	clerotic	cardio	vascul	ar dise	ase			I WEEK CIVILE	AND OF AIM
5	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						SEOUENCE OF								
25	MATHER NOTE IN PANS PANS PANS PANS PANS PANS PANS PAN	15		is, if any, which	(b)										
3	283220			stating the under-	<	S A CON	SEQUENCE OF								
25	XECUTED WAGE IN PEN ALL EXAMI BURBAL TR AND MENT	73	lying cao	ie iust.	(c)										
DIVISION OF VITAL RECORDS	CETIFICATE SHOULD BE EXCELLED THE WORD, "PENDING" IN 1855 THE CHIEF MEDICAL EX 3 SHOULD BE USED AS A BURN DEPARTMENT OF HEALTH AND A PRIOR TO BURIAL, CREMATION		PART 2 OTNER SIG	GNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH B	JT NOT RELAT	TED TO THE TERMINAL O	ISEASE OR CONDITIO	ON GIVEN IN PART	T l ia					
ECC	MEDION ME	CERTIFICATION	10 0 175 05												
ALB	SHOULD ORD "P CHIEF E USED T OF HE UNRIAL,	CA	190. DATE OF	OPERATION	196 CONDITI	ON FOR V	WHICH OPERATIO	N WAS PERFO	RMED?				20	AUTOPSY	?
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0	A SHEET WAS A SHEE		UNDERLYING		121b. TIME OF HOUR A.M.		DAY YEAR	It. HOW INJUR	Y OCCURRED	(ENTER NATURE OF	INJURY IN ITEM	4 18 PART T	OR PART 2)		
O	ERTIFICATION THING TH	ICA	CONTRIBUTIN	NG CAUSE OF DE		F 15 1 (1 (P):	19	1.001710							
NVIS		MEDICAL	21d. INJURY O		STREET, FACTO	PRY, FARM, ET	(AT HOME, C.)	STREET		CITY OR	TOWN		COUNTY		STATE
٥	WRII WARD WARD WAGE TATE (AT WORK	AT WORK											
	TO MEDICAL EXAMINER: THIS EXECUTE THE CRETIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		22a certif	y that I taak charge	af the remains desc	ribed abov	ve, held an A	utapsy X,	Inspection	, Inqui	ry .	and in m	ny apinian	1	
	MINITED BE F		death resulte	d fram: Natura	al causes XX	Accident	, Suicide	, Hami	icide .	Undetermined	manner].			
	WILL	T.		-		1		TITLE (SPECIFY)						
	AHREW.		ACTUAL SKSNATURE_	me	-	1		M.D. ASS	istant	MEDICAL EX	AMINER	D/ SI	ATE GNED	2/6/8	37
	EDIC DEA WOR		EXAMINER'S	NAME	//										
	A SECTION OF THE SECT	100	(TYPE OR PRIN	Willi	iam M. Zar	ne, M	.D.	ADDRESS_	111 P	enn St.		F	Balto	O.MD	
	E05549	23a. Bl	PECIEY)		DATE		AME OF CEMETE			23d LOCATION	1		COUNTY	S'	TATE MAI
07/84 25M	BP		BURIAL		2/12/87	EA	STVIEW M	EMORIAL		BACTO.					MI
23/41	DHMH - 17	24 F	NERAL DIREC		ADDRESS	_	ODTU AND		250 F HERE	1 0 100	RAR 256. RE		R'S SIGNA		
	(VR A15 ME (5))	33.0	MARCH F	UNERAL HO	OME 1101	L. N	ORTH AVE		, 20	1301	1	- Print		Sugar-	-



	1			STATE OF MARYLAND			
	1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	0 1 1	0 5
115622 415		REGISTRAR		CERTIFICATE OF DEATH	8 REG. N	040	0 0
143675 MAR.	I DE	LEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH		T2b HOUR
noy be poge 3		James James	ALVIN	Briggs	2/20/87		750 A
o o o	3 SE		I4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		7 7 7111
ge 4 n		male	Clack	MONTH DAY O3 YEAR / 8	68	YRS DAYS	HOURS MIN.
Po P		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8.		R COUNTY OF DEATH	
merol in 72	1	MARYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIM	ORE CIT	V MD.
1 2 3 3	10 CI	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT		NS FLERATURE
5 2 1 5 1		BALTIMORE	MERCY A	OSPITAL	CHAUFFER-TR	UCK DRIVER OHA	
be be	130 5	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		130 STREET ADDRESS	LIMORE, M	0. 21223
ND 24 h		ARVLAND	BALTIM		1025 BEN	NETT PLACE	
YLA tely 2 sh	_	THER'S NAME	2,1	15. MOTHER'S MAIDEN NA		iocit i di ec	
MAR mplet		WALTER	BRIG	GGS LELII	MIDDLE	MVE	E PS
S S S S		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDR	MYE MYE,	MO. 2/22 2
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST Flossie MIDDLE Sarvis 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) OSSIC 9ma 6. AGE (IN YEARS LAST BIRTHDAY 83 Caucasian 5. DATE OF BIRTHO Female IF UNDER I YEAR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH South Carolina Baltimore DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR LIYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Cotton Mill Spinner USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13h COUNTY LI36. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? mL Ba 2005 mard YES NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Sarvis James Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Mrs. Shirley M. Caulder Same as #13 51632 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CLECTROMERMANICAZ VISSOCIATION MINUTES IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MYOCARDIM DAYS Conditions, if ony, which INFARL TON gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CONSESTIVE MEARS FAILURE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 PAREMAKER PRINIOUS ADARC VALVE PERPLACEMENT 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive an 4 FBB abave, (1) (we) (did) (did not) view the body after death. and that in (my) (aur) opinion death occurred on the date and have and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN P MPORTANT 22d. PHYSICIAN'S NAME ITYPE OF PRINTS VI- SHORDAZI BAZAMONE. 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION 02/08/87 McColl Cemetery McColl. Marlboro Co., STATE SC MacNathor Funeral Hm. 400 East Main St. GISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Cooper Funeral Home Dillon, SC 29536 (VRA 15, 4)



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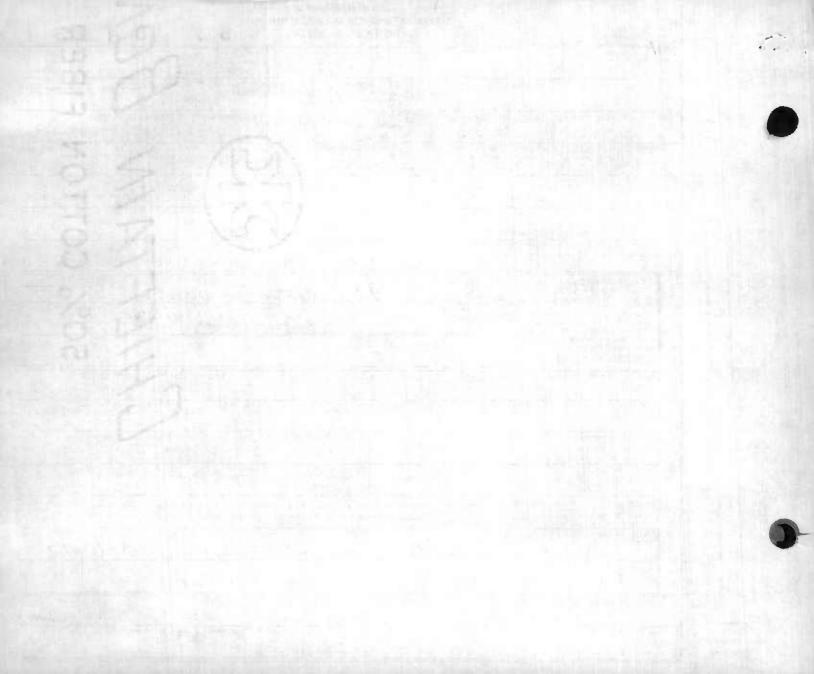
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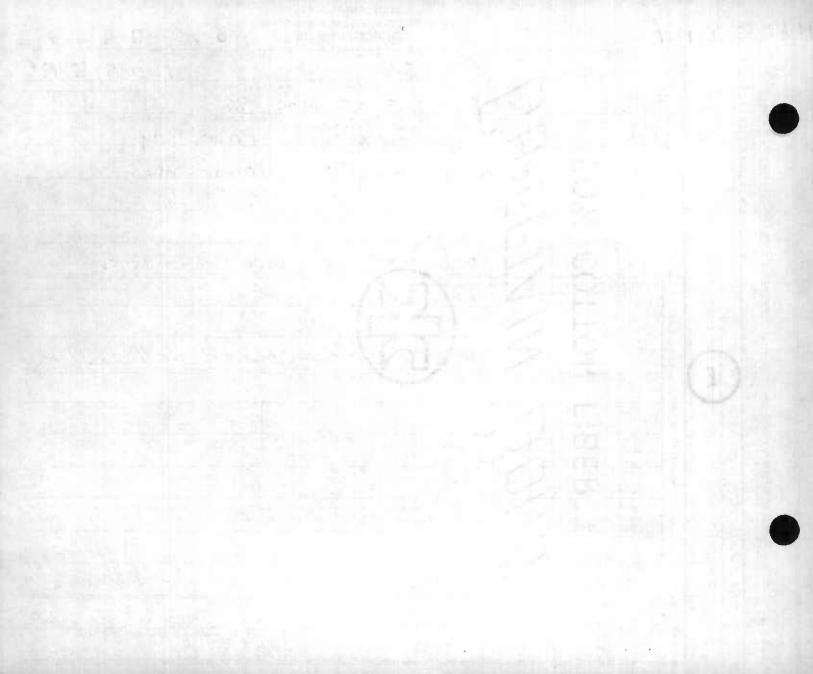
0 - - 0 - 3 - 8 thry Lord calcimore w with Collect 0 ac 21223 Constant days of the Balteres Li-1-1-1. r. srid from - 20 U sollers Ut. M. 21 dist dards - the amoust we. 21224

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LDECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINTS 2 - 23 - 874:00A. Jean Bromwell IE LINDER 21 HRS 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH 8--- 1913 White Female BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED U.S.A. Baltimore City Balto. MD. WIDOWED DIVORCED IQ CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS] Retired Baltimore 3422 Woodring Ave. - 21234 Bromwell Press SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 3422 Woodring Aven ue-21234 Md. Balto. YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AIDDLE Colin Wilson Stewart Christina Heaton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) 220-22-1571 Samuel V. Bromwell -3422 Woodring Avenue-21234 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per lyng for rat, (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to: DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 216 TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did (did not) view the bady ofter death 226. SIGNATURE DEGREE ATTENDING MEDICAL WI PHYSICIAN PIDIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY Cockeysville, MD. Burial 2-26-87 Dulaney Valley Cem. 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRADES RE SIGNATURE DHMH - 16 60M 7/84 John C. Miller, Inc.-6415 Belair Rd.-21206 (VRA 15, 4)



1101 E. North Avenue

(VRA 15, 4)



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	CI	ERT	IFIC/	ATE	OF	DEATH	

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IND 21201			24 hours offer death. ruge 4 may be	Affection by the funeral director page 3	platbe filed within 72 hours after death	1

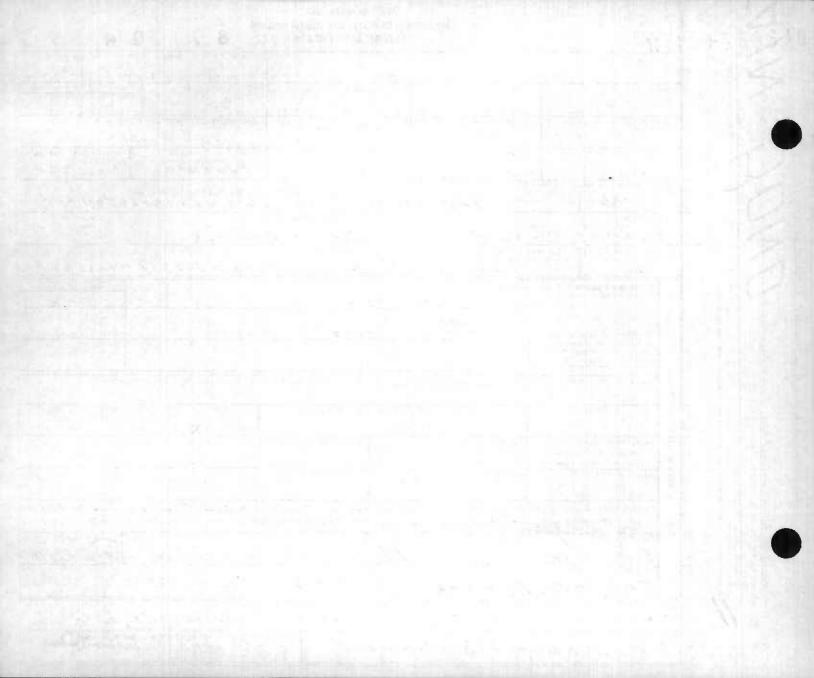
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burnal-transit permit. Then please remove carbon papers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. PORTANT: If Hem 21 is marked at Hem 38 shows any injury. at ather traumatic event, the FOR

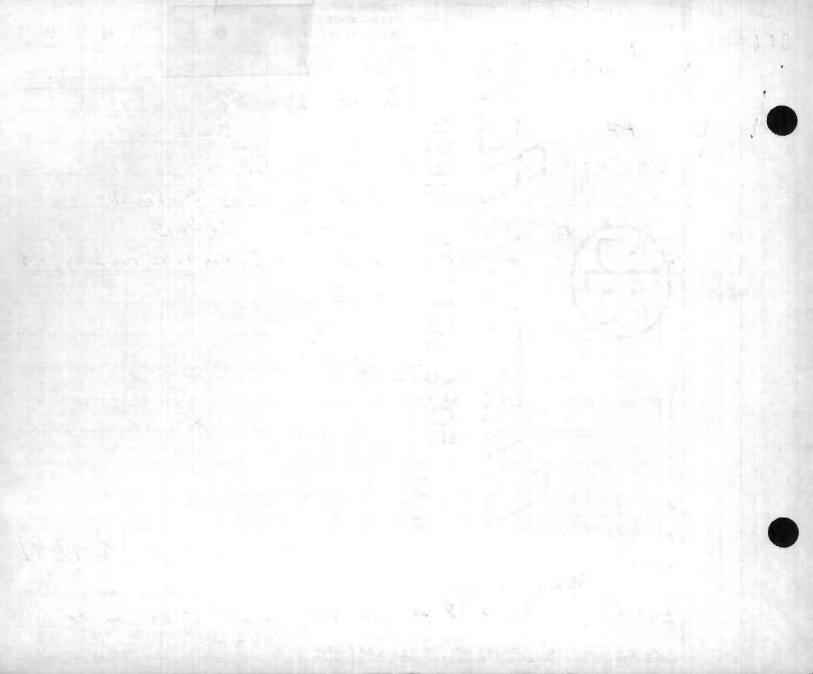
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death retained by the haspital or attending physician. DHMH - 16 60M 7/84 (VRA 15, 4)

3	13	STATE BREGISTRAR				CERTIF	ICATE OF DEATH		8 REG. N	0.	0 4	0	9 3
		CEASED NAME	FIRS1	MIDDLI	E	i	AST	2e. D	ATE OF DEATH	MONTH	DAY YEAR	2b HC	OUR
			EDDIE			BROWN		F	EBRUARY	9. 79	87	7:	10 pm
	3. SE)	K		4 RACE		5. DATE C		6 AG	E (IN YEARS LAST BIR	THDAY)	MONTHS DAYS		DER 24 HRS
		m		3		7	22 21		65	YRS	MONING DAT	HOUK.	3 Mile.
3		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF WHA	T COUNTRY?	8.	NEVER MARRIED	9 BA	TIMORE CITY O	R COUNT	Y OF DEATH		
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4	10 C1	TY OR TOWN OF DEA	ТН	11. NAME OF HOSE			ROTHER INSTITUTION		SUAL OCCUPATION WORK FOR MOST OF	ION	12b. KIND	OF BUSI	
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9	14 FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN N		WIDDLE			3/2	17
	7	WOMAS	13	RIWN	CASI		MARIA .	Bu	1/06K		·	ASI	
		VAS DECEASED EVER			SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	ESS		7	
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		IS CAUSE OF DEATH	H (Enter or	ly one couse per line	for (a), (b), and	Licit						XIMATE IN	
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		PART 2 OTHER SIGN	VIFICANT		IBUTING TO D	EATH BUT	NOT RELATED TO THE TER	RMINALD	ISE ASE OR CON	DITION GI	VEN IN PART	lia	
	CERTIFICATION												
7	CAT	190 DATE OF OPERAT	ION	196. CONDITION	FOR WHICH	OPERATIO	N WAS PERFORMED	20a	AUTOPSY?	20b. IF YE	S, WERE FIND	INGS US	SED
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	CAL	OR CONTRIBUTING C		ATT .		19							
	MEDICAL	214 INJURY OCCURR	RED	21e PLACE OF IN		5761	211. LOCATION		CITY OR TO	WN	COUNTY		STATE
	2	WHILE NOT WH	HE -	TAI HOME STREET, F.	ACTORY OFFICE FA	KM EICJ		- 201					01111
		22a. I certify that X	(this hospi	tal) attended the de	reased fram_	DECEM	BER 37. 19	86.10	FEBRUA	RY 9,	19_87	that X	(we) lost
		saw the decease above, (1) (we) (d	no evilo bi	Kview the body after	deoth.	8/, on	d that in XnY) (our) apinio	on death o	ccurred on the de	ate and ha	ur and from th	e couses	stated
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FFR 1 1 1087





2a DATE OF DEATH MONTH 26. HOUR 9 50 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF LINDER 21 MRS 68 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE City 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Housewife 13e STREET ADDRESS / ZIP CODE 3609 Keystone Ave. 21211 LAST (unknown) ADDRESS Nellie Pugh 3609 Keystone Ave. 21211 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Heart Failure 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY and that in wife (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN Vinon Memorial Hospital 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Lakeview Mem. Pk. Baltimore Maryland 250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

A. Alan Seitz, Jr. 3818 Roland Ave. 21211

2/12/87

22d PHYSICIAN'S NAME (TYPE OF PRINT)

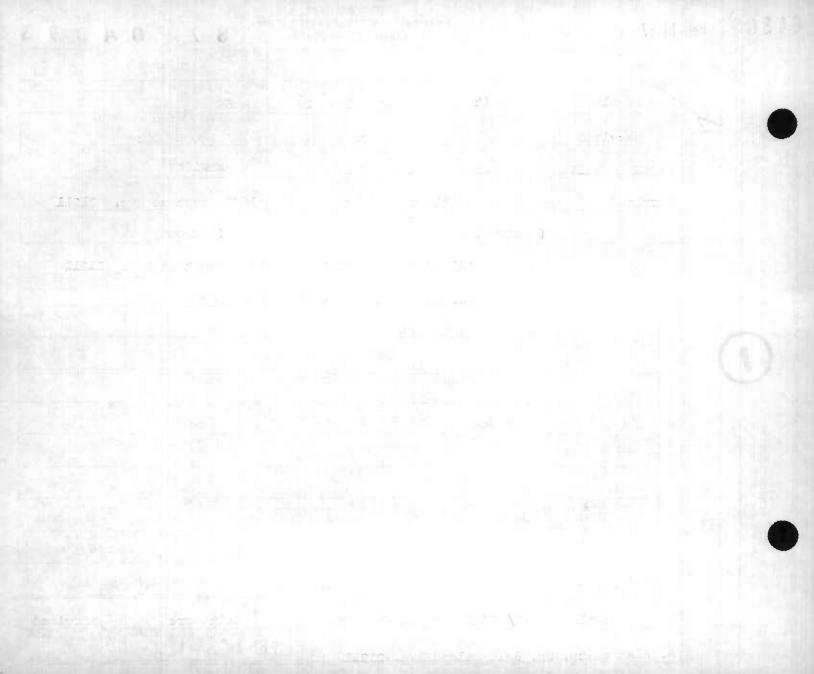
230 BURIAL, CREMATION, REMOVAL 236. DATE

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

JEREMY WEINER



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAF 1. DECEASED NAME DATE KNOWN A 2h HOUR (TYPE OR PRINT) ESTI-DEATH MATED Brown 1719 87 Lonmy & AGE (IN YEARS | IF UNDER I YR. 5. DATE OF BIRTH IF UNDER 24 HRS 24 HOUR DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED 2:357 DEAD Male Black 11 12 YRS To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X Lynchburg Va. 1154 WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION STYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore 629 Edmondson Avenue USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONI 1629 Edmondson Ave. 21223 13d INSIDE CITY LIMITS? Maryland Baltimore YESA NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE P. Lucille Scott Paul Brown THE SOCIAL SECURITY NO. 17 INFORMANT Téa WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) 218-42-0299 Mrs. Phyllis Mc Cory 7215 N. Alter St. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO T 71g EXTERNAL CAUSE WAS 216 TIME OF INJURY 2TO HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2:20xx 17 1987 Subject shot 21e PLACE OF INJURY 211. LOCATION STREET, FACTORY, FARM, ETC 1 WHILE AT WORK 1629 Edmondson Ave, Baltimore home MD. X 224 I certify that I took charge of the remains due to ove, held an Autopsy Inquiry and in my opinion Hamicide X death resulted fram Undetermined manner 2/17/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 2/21/87 Garrison Forest Vet. Cem. Owings Mills Md. BP 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** March F/H West 4300 Wabash Ave. (VR A15 ME (5)) Dander

(to 24 type) (to 12 to 1

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH Ida Brownfield 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 1900 Female. White 87 RTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. Baltimore City WIDOWED A ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Union Memorial Hospital Homemaker Home OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION IN RESIDENCE HE NURSING HO 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Rd. Maryland Balto. Pikesville 2118 Sugarcone 21209 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ephriah Sally Weaver Warner 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT YES NO OR UNKNOWN LIF YES GIVE WAR OR DATEST Same as 13e Bonnie Margolis 218-63-3384 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) CARDIOPULMONARY IMMEDIATE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) FEVER OF UNKNOWN ORIGIN gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION ENCEPHALOPATHY 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? DEURITI ULCERS 1/30/87 NOIA 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY OFFICE FARM ETC 1 CITY OF TOWN STATE NOT WHILE 220 I certify that (this hospital) attended the deceased from JAN sow the deceased alive on FFR. 5
abave, (I) (we) (did) (did not) view the bady after death 1987 and that in (my) (aur) opinion death occurred an the date and hour and fram the causes stated 22b. SIGNATURE DEGREE 2/4/87 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

Id be deto MPORTANT BP. (VRA 15, 4)

DHMH - 16 60M 7/84

230 BURIAL, CREMATION, REMOVAL 236. DATE Burial 2/7/87

24 FUNERAL DIRECTOR

ASSAD JOE SAAD

Ruck Towson Funeral Home, Inc.

23¢ NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery

1050 York Rd

Union

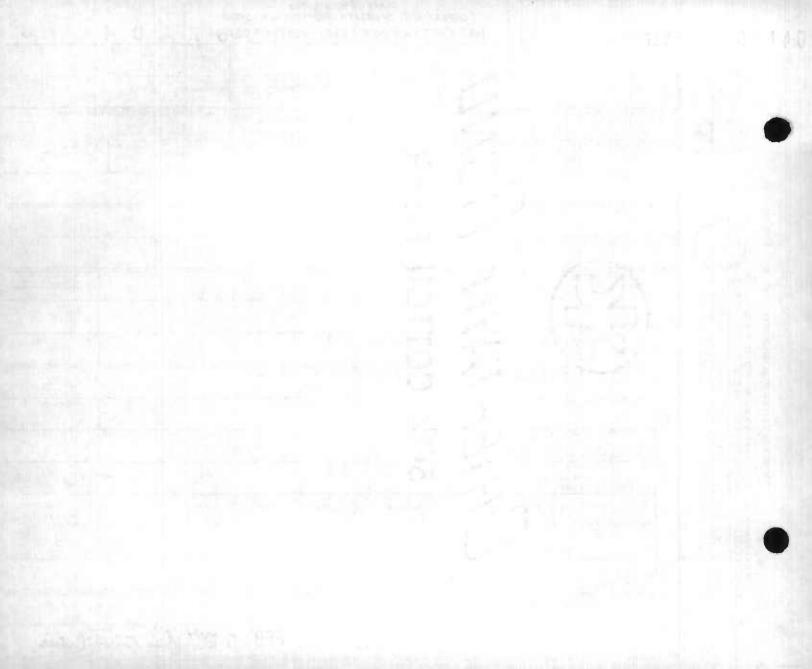
Memorial Hospital

Pikesville

Mã. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE KNOWN TX MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-E 5 FOR YOUR FILES.
E) WITHIN 72 HOURS
I W, PRESTON STREET, PLEASE LEO BROY 4 RACE S. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 21 DEAD Male White 9 24 5:35B 62 YRS 19 Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS STOTHE STOTHE Baltimore City U.S. WIDOWED DIVORCED Virginia 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY 2. AND 3 TO T 3. RETAIN PA 2 SHOULD BE F AL RECORDS, Baltimore Mercy Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13a. STATE 1136 COUNTY 13c. CITY OR TOWN 134 INSIDE CUTY LIMITS? 13e STREET ADDRESS YES 🖸 NO [] Md Balto 201 N. Broadway 21231 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST William М. Ellie Brov Sumption 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** (YES, NO, OR UNKNOWN) Unkn. 230-24-1927 DED TO THE CHIEF MEDICAL EXAMINER ALONG WINDED TO USED AS A BURIAL: TRANSIT PERMIT. DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI PRIOR, TO BURIAL, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Alcoholism IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO | 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SI AFTER DEATH, WITH THE STATE DEP BALTIMORE, MARYLAND, 21201 PR 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OF TOWN COUNTY STATE 27a I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: A Motural couses Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 2-10-87 Assistant MEDICAL EXAMINER SIGNATURE. EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Removal 2-17-87 07/B4 BP 24 FUNERAL DIRECTOR DHMH - 17 State Anatomy Board Balto., Md. (VR A15 ME (5))



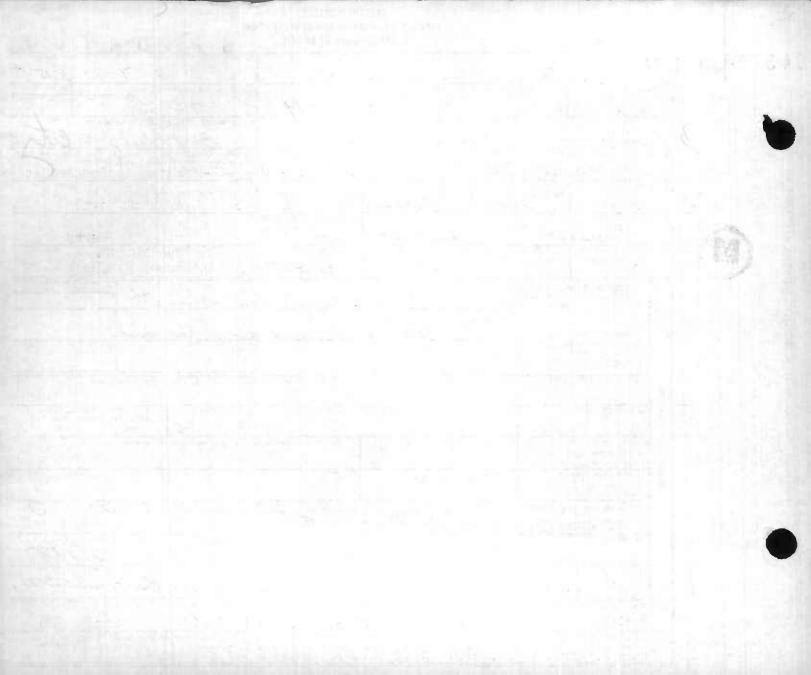
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with letely d 2 s	14. F/	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MA	IDENNAM		DDLE		LAST	
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	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M.	INTUIDY	19	21f. LOCATION						
	ME	WHILE NOT WHITE		FACTORY, OFFICE, F	FARM, ETC }	STREET		CIT	Y OR TOWN		COUNTY	STATE
or offer the se os the olth one marked		22a.1 certify that (1) (this hosp	and an artist at a	la casa and fina	1 /	31	987	3/	//	10	87	. (3)
Tis I is		sow the deceased alive an obove (1)(we) (did) (did no			87 1	d that in (my) (our)		oth occurred on	the date and			that (1) (we) last
RECT RECT ed feed feem 2	, "	obove (II)(we) (did) (did no	t) view the body off	er death.		DEGREE					22c. DAJE S	
toche bepe e Dep		7 11	(W)			ATTEN	NDING _	MEDICAL	STAFF	6	5/11	187
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TO HOSPITAL retained by the Forest should be det with the State IMPORTANT:		L. Jenkin				Lock &	Laven	U.A.	Medica	. Ce	nter.	
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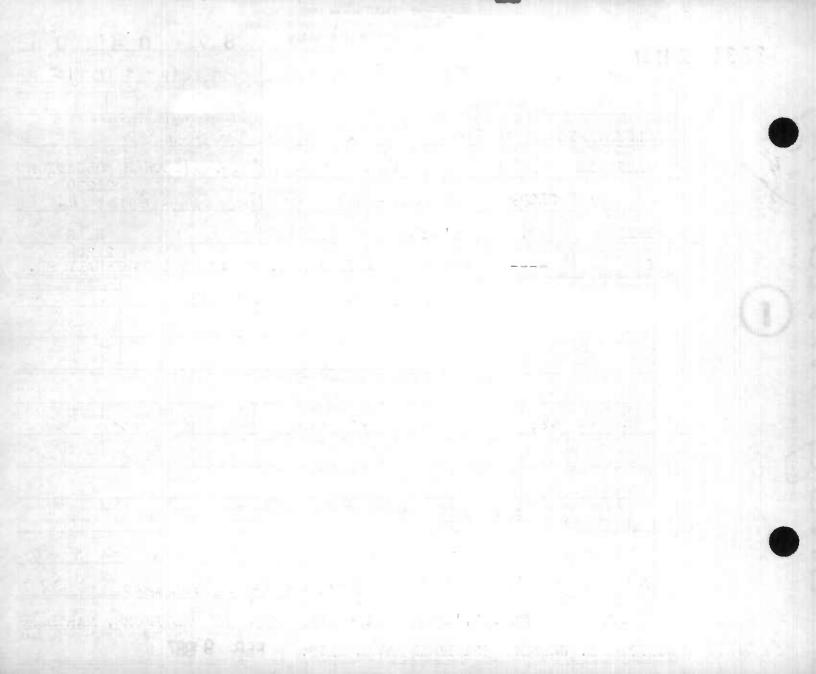
James S. Kirkley F.H. Glen Burnie

(VRA 15, 4)

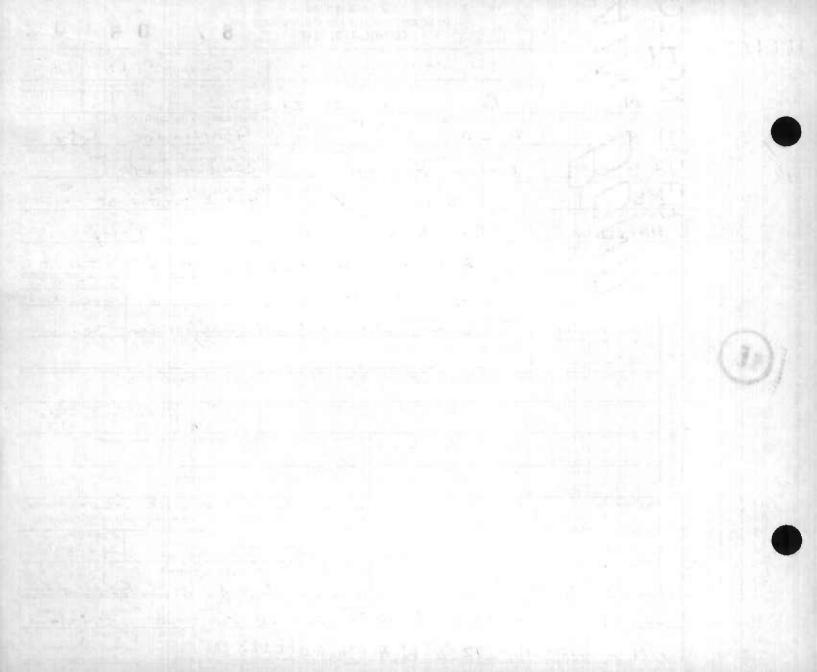


ARYLAND 21201

DIVISION OF VITAL RECORDS, 201



	1				STATE OF MARYLAND		
		1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	61 /	04102
1661	0 7 550		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 7 1 5 4
7 4 4 1	O / FED	1. DE	GEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	10.11001
y be	page 3		HAKIEN	50	JLLOCK	February	8, 1987 1255 AM
Ē	- ÷	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
9 00	urs of		M	B	5 23 24	62	MONTHS DAYS HOURS MIN.
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ORE	p 0 p		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECT	JRITY NO. 17 INFORMANT	ADDRESS	
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E Fal	dill i		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU			
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2 6	126	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	AINAL DISEASE OR CONDITION	N GIVEN IN PART 14a
O C	145	CERTIFICATION					
lo.	S O O	ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
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DIVISION OF VITAL ING PHYSICIAN The	SOTO		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
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	DiRE Dept. f Item	1	226 SIGNATURE		DEGREE		22c DATE SIGNED
AL O	deto ote D ote D		Helen Wa	albe	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIANA	1 2/8/87
HOSPITA	Stan Stan		224 PHYSICIAN'S NAME ITYPE OR	PRINT)	22e ADDRESS M QX	hocker to wo	
O HOSP etoined	should be deto with the State [IMPORTANT: If		Helen 1	Nother	301 57	Eaul Plan	- Knit na
5 g	5 4 3 \$	23a E	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP_		1	Burial	2-12-87 1	Arbutus Men T	of BATTima	e Mariand
DHMH	- 16 60M 7/B4		INERAL DIRECTOR		25a DA	TE REC'D. BY REGISTRAR 256 RE	
	RA 15, 4)	1	VM. C. Brov	JN 1206	W. North And FE	B 1 3 1987	in Sendern-Randall



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH FIRST MONTH 26 HOUR YPE OR PRINTS TESSIE BUNCH 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 3 SEX DAYS Black MONTH 1916 70 female 70. BIRTHPLACE I STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY II S A N.C. WIDOWED TO DIVORCED BALTIMORE CITY IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Retired BALTIMORE UNION MEMORIAL HOSPITAL WOULD RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 113b COUNTY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Md Baltimore YES X NOF 5004 Govane Avenue 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST Hines Jane ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT El Pasco Texas LIF YES, GIVE WAR OR DATEST LYES NO OR UNKNOWN) No 215-16-1126 Gwendolyn Mapp 4760 Tropicana Drive 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20a AUTOPSY? 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO F 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDIC ALEXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM ETC 1 CITY OR TOWN STATE NOT WHILE AT WORK 22a I certify that (1) (this haspital) attended the deceased from_ FCD OF saw the deceased alive on. 87, and that in (my) (our) opinion deoth accurred on the date and have and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS UNION MEMORIAL HOSPITAL JOHNSON.

23¢ NAME OF CEMETERY OR CREMATORY

Cedar

DHMH - 16 60M 7/B4

ld b MPORT

(VRA 15. 4) Wm. C. March F/H

FOR

1 - STATE

Burial 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

1101 E. North Avenue

23b DATE

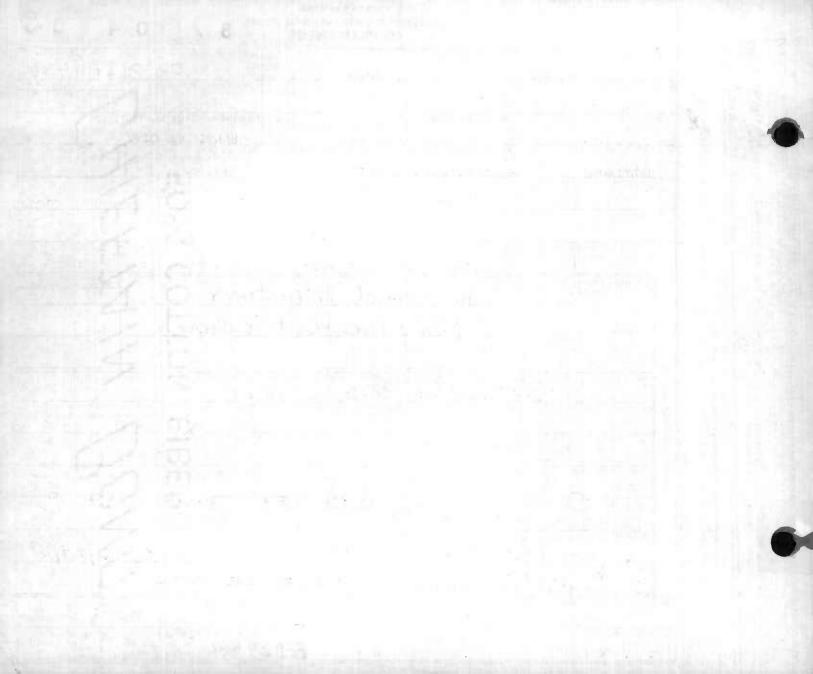
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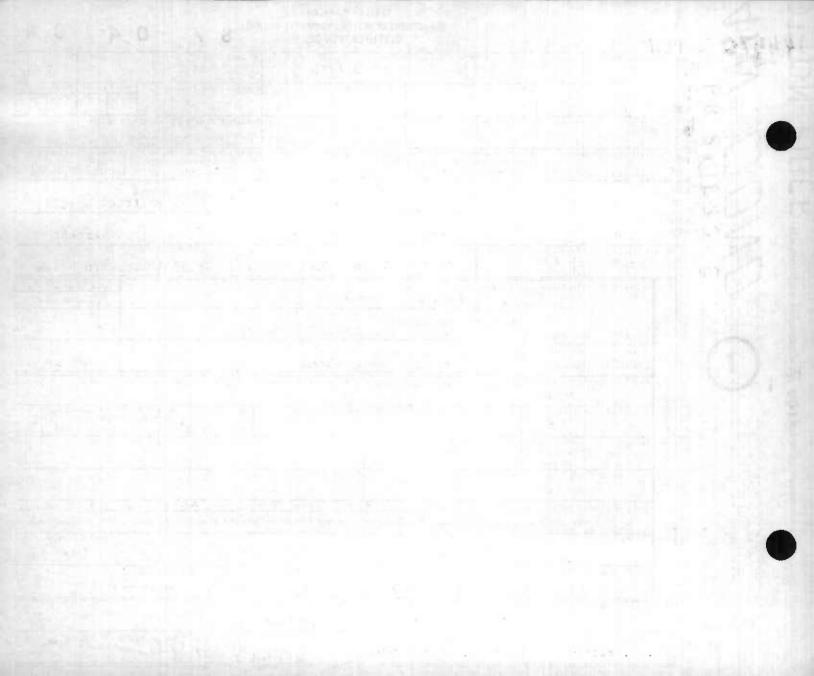
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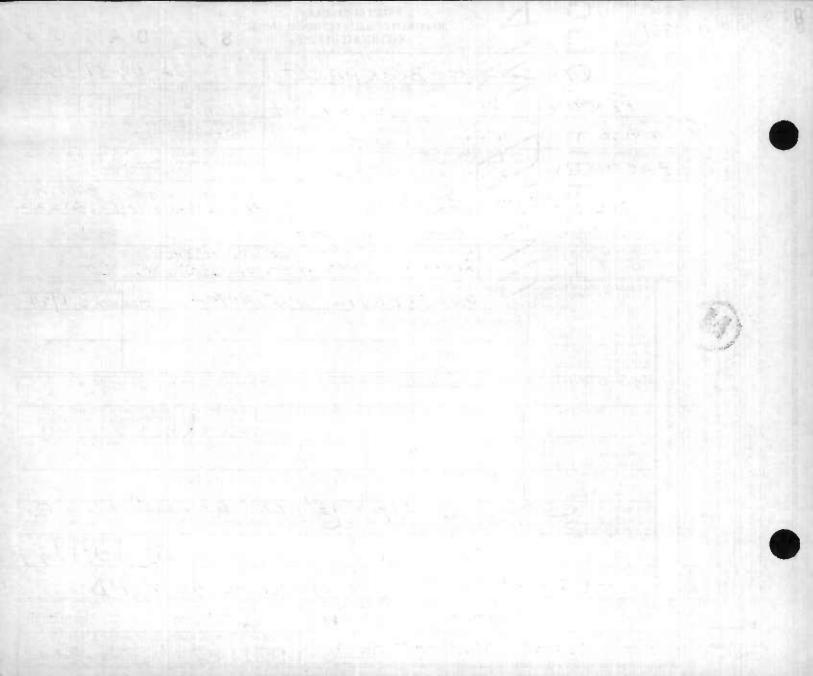
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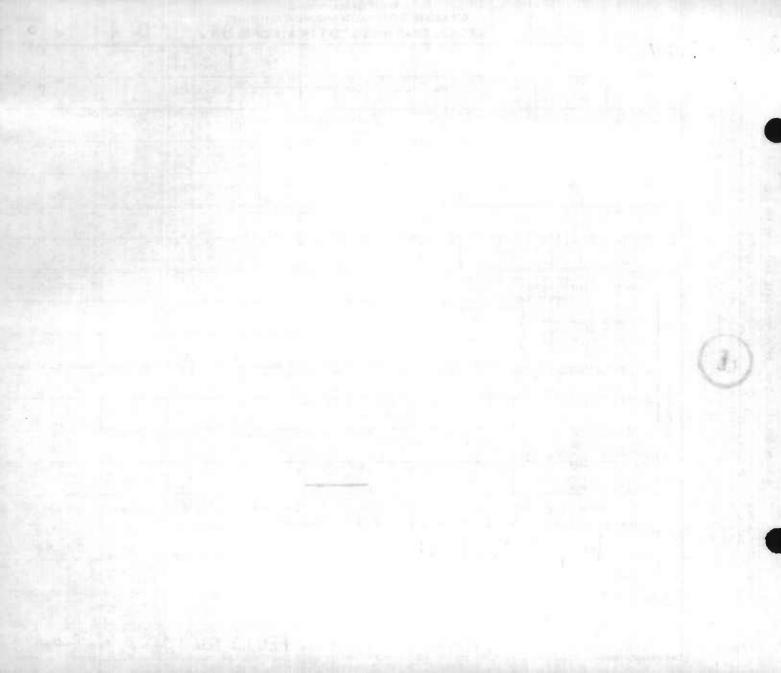


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH **TREGISTRAR** 20 DATE OF DEATH 1. DECEASED NAME 2b HOUR Emanuel TYPE OR PRINTS FEB. 14,1987 11:10A (EMMANUEL) BURKES 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1910 MALE BLACK 76 70 BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Va USA WIDOWED DIVORCED X BALTIMORE 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Retired Bethlehem Steel JOHNS HOPKINS HOSPITAL BALTIMORE 13. STREET ADDRESS / ZIP CODE 2234 Lamley Street 130 STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Md YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRS1 MIDDLE Henry Burkes Rebecca Garrett 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 213-07-6057 Randford Anderson, Sr 3731 Lochearn Drive APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY auvest Cardiac immediate IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF awesta Several cardiopulmonary Conditions, if ony, which gove rise to immediate couse |ol, stating DUE TO, OR AS A CONSEQUENCE OF underlying couse covorary orten disease years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO F 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER) PM 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220-1 certify that (I) (this haspital) attended the deceased from, saw the deceased alive on_ and that in (my) (our) apinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN PORTANT ild be o 22d PHYSICIAN'S NAME (TYPE OF PRINT) 600 WOLFE ST 21205 Mun MO 0 236 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OF TOWN Burial 2/18/87 Md Nat Memorial Park Laurel 24 FUNERAL DIRECTOR BY REGISTRAR 25b. REGISTBAR'S SIGNATURE ha Diordon Randall DHMH - 16 60M 7/84 Wm. C. March F/H 1101 E. North Avenue (VRA 15, 4)

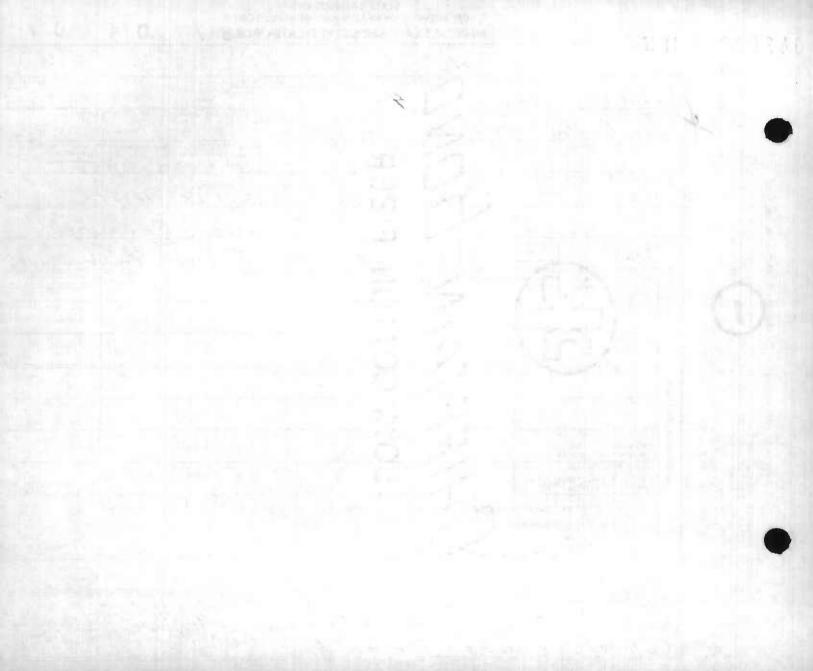




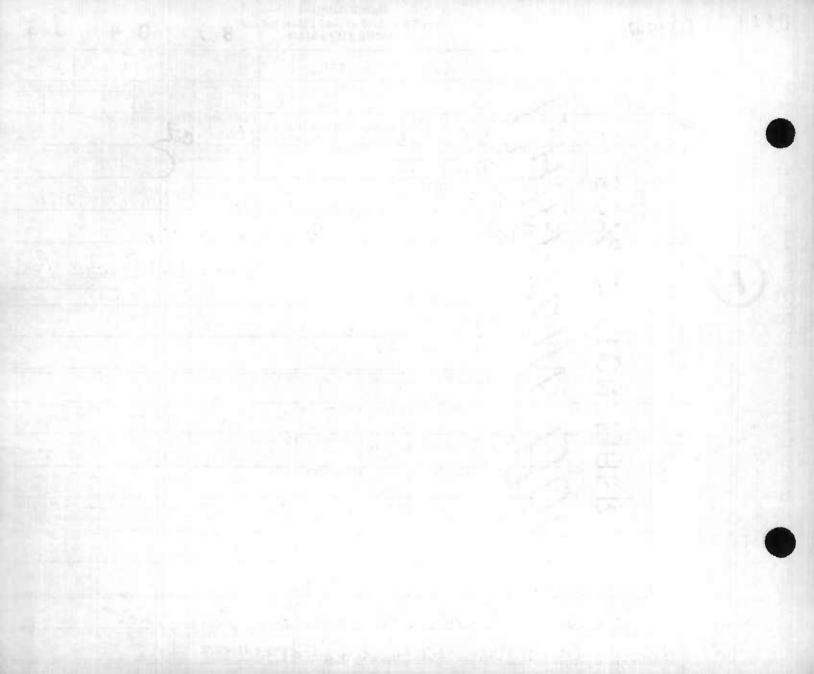
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DIVISION OF VITAL RECORDS	HIS CERTIFICAL SH E. WRITING HE WORK WARDED TO THE OF PAGE 3 SHOULD BE STATE DEPARTMENT 21201 PRIPARTO BUR	CERTIFICATION	210 EXTERNA	L CAUSE WAS	toe	tween	יינפטע.	30&	21c H	IOW INJURY	Y OCCURRE	D LENTER N	ATURE OF INJUR	RY IN ITEM 18	PART I OR PA			NO []
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	(VR A15 ME (5))										1 6	7 7 7	1307	Survey	o Barre			



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 28 DATE KNOWN I DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-IF ANY DELAY IS NECESSARY, PLEASE
2, AND 3 TO THE FUNRAL DIRECTOR.
3. RETAIN PAGE 5 FOR YOUR FILES.
3. SHOUD BE FILED, WITHIN 72 HOURS.
1. RECORDS, 72 J. W., PRESTON STREET, Lucille 87 Burt 619 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. 2d HOUR 3 SEX 5 DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED 3:15A DEAD 619 87 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED T DIVORCED Baltimore City CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION STYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY Baltimore 921 N. Castle Street AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS In STATE 13b. COUNTY ma YES A NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST 166 SOCIAL SECURITY NO 7 INFORMANT (YES, NO, OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Smoke inhalation DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO X 718 EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING YOR CONTRIBUTING CAUSE OF DEATH 2:52 KM 6 19 87 House fire 71f. LOCATION 214 INJURY OCCURRED ? In PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) STATE WHILE DOT WHILE TO AT WORK 921 N. Castle Street, Balto. house MD. 270. I certify that I took charge of the remains described above, held an Autopsy and in my apinion PACE 4 SHOULD BE TO FUNERAL DIRECTO
AFTER DEATH WITH IT
BALTIMORE MARYLAI Accident X Hamicide Undetermined manner death resulted fram: Natural causes Suicide TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 2/6/87 EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD (TYPE OR PRINT) 236 LOCATION STATE 07 84 BP 25M 24 FUNERAL DIRECTOR 250. DATE BEC'D BYREGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



011100			STATE OF MARYLAND	
044423 FEI	18	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 / U 4 ! U 0
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nerol di		RTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY? 8 MARRIED ₩ NEVER MARRIED WIDOWED DIVORCED	Bact of ME
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24 hour 24 hour sould be filled in lould be f	USU 13a	AL RESIDENCE HE NURSING HOME OF TATE	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 3d. Inside City Limits?	130 STREET ADDRESS / ZIP CODE 607 W PENNA AVE 21201
MARYLA MA	14. FA	THERS NAME BY	MINDLE LAST 15. MOTHER'S MAIDEN N	NAME BUILDE HON LAST
S. S			RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
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II. BAL			nly one couse per line for (a), (b), and (c), 1 ED BY TE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death contraction of the low requires that the death contraction of the low securitical by the ottending physician. When blease remove contractions and school of should be filed in by as the buriol-transit permit. Then please remove contraction of the new should be filed in by and Memal Hygene prior to buriol, cremation, or miner and should be filed or them.		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	
RDS, 20	NO	PART 2 OTHER SIGNIFICANT	conditions contributing to death but not related to the ter vas culor accedent	RMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
he low roon. he low roon. hos bee if permit	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
HYSICIAN: The nding physicion his certificate h buriol-tronsit p Mental Hygier or Item 18 sho		21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	JRRED (ENTER NATURE THE PART 1 OR PART 7)
OVER THIS OF THE	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
ATTENDIII Spital or CTOR A for use of Heolit		sow the deceased olive or	ital) attended the deceosed from 166 · 7	n death accurred on the date and haur and from the causes stated
OR to bolk the DIRE		22b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF
HOSPITAL ned by the FUNERAL IN State of the		22d. PHYSICIAN'S NAME (TYPE	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN D 13/57
TO HOSPITAL TO FUNERAL should be de with the State		ANGERA CI	ORBAN 22 80 91	reene St
BP		SPECIFY) Burial	2/17/87 (edar Hill Cem	Bato, nd.
DHMH - 16 60M 7/84 (VRA 15. 4)	24 FI	JNERAL DIRECTOR	ADDRESS '/	ATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4) George J. Gonce 4001 Ritchie Hgwy Balto Md

1				STAT	E OF MARYLAND				
Survey		FOR STATE	DEP		EALTH AND MENTAL HY	GIENE SE 7	n	8 1 1	0
ED ON RE		REGISTRAR		CEKTIF	ICATE OF DEATH	REG. NO			
		EASED NAME FIRST	MIDDLE	0.01	AST		MONTH DAY	A	100R
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3	SEX	T	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	HDAY) IF UN		NDER 24 HRS.
	1	emale	hite	2	16 06		YRS		
1/2	a BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
1		ennsylvania	United States	WIDOWE	D DNORCED	Baltimore			MD.
21	0 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST O		12b. KIND OF BUS	SINESSOR
5/		altimore	Francis Scott		dical Center	Telephone (perator	Steel	Manufa.
72	30. ST		NTY 13c CITY OR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
The same			imore Dunda	lk	YES NO X	7413 Alval	1 Avenue	e / 2122	22
PE ST	FAT	HER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	AME MIDDLE		LAST	
2	1	unknown		vis		Unknown			
Dico.		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS		17934
E	11.	No	219-18	-8740	Theodore L.	Davis 3007	Dundall		
		18. CAUSE OF DEATH (Enter or	nly one couse per line for 101, (b	o, and c	resemble to			APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
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ofic			DUE TO, OR AS A CONS	EQUENCE OF					
troumatic		Conditions, if ony, which	(b) esopo	hageal	cancer, fer	minal		3mos s	ince Dx
er tr		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF					
40 10		underlying couse lost.	(c)						
×		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART Ito	
ig	ē		none						
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100 A		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	Y IN ITEM IS PART I	OR PART 2)	
Ti of	WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19					
orked or	MED	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	- 1	AT WORK AT WORK					7	03	
		22a. I certify that (I) (this hasp sow the deceased alive or	C 1	rom CZ	2/1 19 5	£ , to	11 19_	87., that	(I) (we) lost
121		obove, (I) (we) (did) (did no	ot view the body ofter death.		nd that in (my) (our) opinion	death occurred on the do	te and hour on		
± ±		22b. SIGNATURE	C4.0	14 .	DEGREE ATTENDING	MEDICAL STAF		22c. DATE SIGN	1ED
Ę.		/	Study	mor	2 PHYSICIAN	DIRECTOR PHYSIC	IAN		
IMPORTANT: IF		22d. PHYSICIAN'S NAME (TYPE C	- 1 () /		22e ADDRESS	. 10 10 10	0 4	h	
Q /		1-03ent 3	Hudy			+ Key Mic. T	Salts much	S and s	4521
2	3a. BL	JRIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	cc	DUNTY	STATE
_	4 511	Burial	Feb. 20,1987	Meadow	ridge Mem, Pa	rk Elkridge) Ho	oward Ma	ryland
M 7/B4		NERAL DIRECTOR	ADD		25a DA	R 1 9 1087	guita De	ward Ma	dass
5, 4)	Ma	Iter Brooks Br	adley Inc Dr	mdalk M	7 21222		Q		The state of the s

	1			STATE	OF MARYLAND				
AGI MID		FOR STATE REGISTRAR			ALTH AND MENTAL HYGI CATE OF DEATH	8 /	0	4 1	1 1
Ub MAR -		CEASED NAME FIRST	MIDDLE	LA		REG. N		DAY YÉAR	26 HOUR
e e e		Bertl Bertl		Cal	1.101)	2/26	187	1571	4.32
poge poge	3 SE		4 RACE	5. DATE OF	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 H
ge 4 ector		Female	White	MONTH 12	-/24/98	88	YRS	AONTHS DAYS	HOURS
h. Po	To. B	IRTHPLACE (STAT, THEOREIGN	76. CITIZEN OF WHAT CO	OUNTRY? 8.		BALTIMORE CITY	RCOUNTY		
deot hin 7		aryland	USA	WIDOWE	DIVORCED	Baltin	are.	C: 4	Y
G le dre t	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME OF	ROTHER INSTITUTION	176 USUAL OCCUPAT			F BUSINESS
n by	USU	AL RESIDENCE (IF NURSING HOME OF		ENCE BEFORE ADMISSIONS	ewery Hosp	unknou	, <u> </u>	1	7 700 7
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d with		Arthur Caldwel	MIDDLE	LAST	FIRST	64.500		LAS	1
s con	160.	WAS DECEASED EVER IN U.S. AN	MED PURCES? 166 SOC	IAL SECURITY NO.	Emma Kyle	ADDR	:55	2122	2
Poges		YES, NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES)	521302	Patricia L. Fo	nst-1808 T	vler 1		
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phys phys movent,		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	D BY:	iqestive	Heart Fa	:lune		BETWEEN	JUSEI AND DEA
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Hence co		Conditions, if any, which	DUE TO, OR AS A CO	Chanie	Renal F	Feilure			
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	CERTIFICATION								
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26 23 1 1	1 1 1					YES NO		3	NO [
31 11110	-	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		NTH DAY YEAR	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
SK and and a second	N S	(IF EITHER NOTIFY MEDICAL EXAMINE	2111	19					100
五百五五五	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJUR		21f LOCATION	CITY OR TO	wN	COUNTY	STATE
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ND A A A A A A A A A A A A A A A A A A A		220.1 certify that (I) (this hospi	ital) attended the decease	ed from	, 19			9	that (I) (we) I
E 1 825 5		saw the deceased alive on abave, (1) (we) (did) (did no	at) view the body after dea	19, and	that in (my) (our) opinion de	eoth accurred on the de	ate and have	and from the	couses stated
x2 225 1		226 SIGNATURE			EGREE			22c DATE	SIGNED
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THE SPECIAL PROPERTY OF THE SP	1	224 PHYSICIAN'S NAME (TYPE O	OR PRINT)		77e ADDRESS			-	101
51 514 5									
51 5215		BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CE	METERY OR CREMATORY	23d LOCATION			
BP		Removal	3-2-87			CITY OR TOWN		COUNTY	STATE
BILLIAN STATE	24 F	UNERAL DIRECTOR			250 DAIE	RECID. BY REGISTRAR	25b E GOSTE	RATIGNAT	A. B.
DHMH - 16 60M 7/B4 (VRA 15, 4)		State Ana	tomy Board	ADDRESS Balto	MAM MAI	104 58/	-guina	No. of the last	CHARLE

2017 - Charlette Land 1997 8/0.4 The second of the second of the The property for many to the start and and salaria. They tracks is smarted budy est. LANGUAGE COLOR CONTRACTOR CONTRACTOR COLOR LOT CONTROL TO THE PROPERTY OF LES AL COMP TON MANAGEMENT The same of the same of the same MAR OF 1987 July Kinsmiles

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DHMH - 16 60M 7/ (VRA 15, 4)

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STATE OF MARYLAND

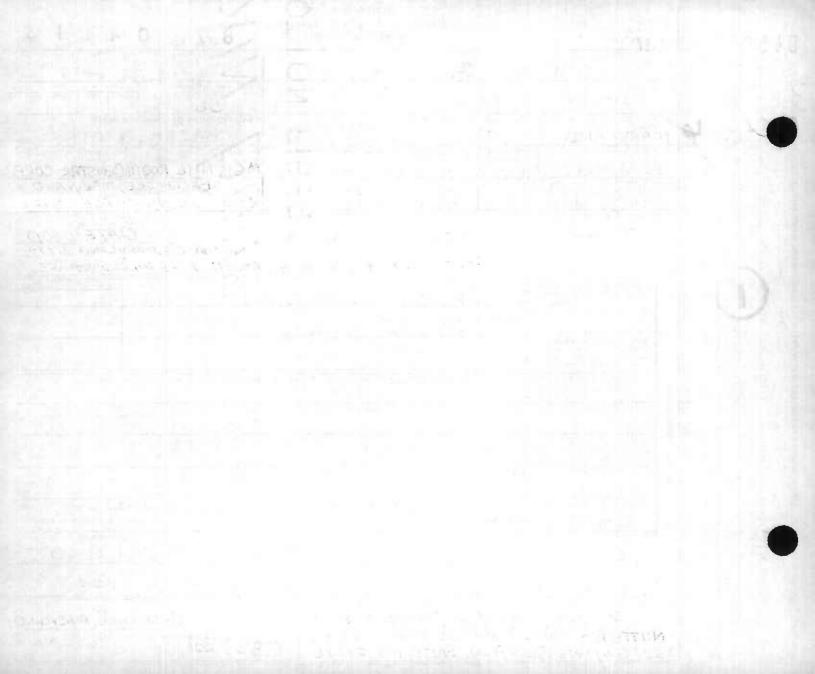
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 REG. NO.	0	4	1	!	
TE OF DEATH	0.44		20.00	AL	-

10	17		DEPARTA		EALTH AND MENTAL HYG	IENE R 7 O	4112			
		REGISTRAR				REG. NO.				
		CEASED NAME TESMA	MIDDLE	1	AST	20. DATE OF BEATTY	AY YEAR 26 HOUR			
		1547	JEAN	Chu	PBELL	02/	387 10 pm			
	1. SE)		4 RACE	5. DATE C			IF UNDER LYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.			
	6-	emale	White	MONTH		5 8 yrs	ONTES DATS HOURS MIN.			
20	7s. B1	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH			
9	1	NNSYLVANIA	UNITED STATES	WIDOWE		BALTIMORE	CITY MD.			
20	10, CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR			
1		ALTIMORE /	MERCY HOSPI	TAL		HOMEMAKER	HomE			
300	13a S	AL RESIDENCE LIF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE				
1		RYLAND ANNE	ARUNDEL PASADEN		YES NO	8396 LYNN CI	3. 21122			
17	IL.F	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE	LACT			
Lock	1	IRVIN	ZIMMERI	MAN	MARIE	MODIL	CAMPBELL			
m		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		17 INFORMANT	ADDRESS				
La	The state of the s	res, no or unknown)	214-26	3692	JAMES H. CA	MPBELL (Same				
		18 CAUSE OF DEATH (Enter on	ally one cause per line for (a), (b), and (D) BY:	d reju	F 011.	0 .0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
			TE CAUSE (O) METASTA	nc	Jallymous (Cell Corcivima	6 Months			
		1070 S455 X1075	DUE TO, OR AS A CONSEQUE	NCE OF	of Linc	1				
		Conditions, if ony, which	(b)							
	119	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF						
		underlying cause last.	(c)							
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT		INAL DISEASE OR CONDITION GIVE	N IN PART TIO			
_	CERTIFICATION	HISTORY O	of Othlewic OF	SHU	tive ful mon					
11	CA	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
7	TIF					YES NOW YES				
7	B	210. ACCIDENT WAS UNDERLYING		AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 7)			
1	CAL	OR CONTRIBUTING CAUSE OF DEA	NIII .	19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	ADM 515 1	211 LOCATION	CITY OF TOWN	COUNTY STATE			
	2	AT WORK AT WORK	(A. HOME, STREET FACTORY, OFFICE, I	ARM, ETC. J						
	113	22a.1 certify that (1) (this hospi	ital) attended the deceased from	32	- 10 19 87		9 T , that (I) (we) lost			
	3.7	saw the deceased alive an above, (1) (we) (did) (did no	ot) view the body after death	, or	id that in (my) (our) opinion o	death occurred on the date and hour	and from the causes stated			
	133	22b. SIGNATURE	1 010		DEGREE		22c. DATE SIGNED			
1		(Kobert C2	I requelly	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2-13-87			
7		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS		1			
1		KOBERT C	Greenwell		301 St. Pm	ul Pl. Mercy	Hospital			
1			1.0	JAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
	23a B	SPECIEVE SPECIEVE	23b DATE 23c N	TOTAL OF C	LMETERT OR CREMATORY		L'OHNEY STATE			
	23a B	Burial, CREMATION, REMOVAL	FES 17, 1987 CE	DAR	HILL CEMETER	BALTO ANN	COUNTY STATE MD			
84	- 1	SPECIFY	FES 17,1987 CE	DAR TAIN R	HILL CEMETER	RCITY OR TOWN	EARLINDEL MD			

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	1	FOR		STATE OF MARYLAND			
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7 3 3 0 0 1111		CEASED NAME FIRST	WIDDLE	LAST			HOUR
oy be oge 3 death	(IYP	EORPRINT) JUANI	TA G.	CANNON		02 26 87	730 0 4
pod book	3. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR IF	UNDER 24 HRS
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of the filed with	,,,(40. C	3ALTIMORE	111. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET,		120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	ON 126 KIND OF B INDUSTRY ROOM GENSTA	
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atom of the state		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU		RALTIMPOBE	E, MARYLAND	21212
ond c		YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 215-34			45 WLENWOOD	
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ent,		PART I. DEATH WAS CAUSE	D BY:		u J	BETWEEN ONS	ET AND DEATH
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ed be			(c)				
sign sign ben o bu	z	PART Z OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO L	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 110	
v rec	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINDINGS	C LICED
n. n	5	The Drift of Greathing	The condition for which	O' ERATION WAS PERFORMED		IN CERTIFYING CAUSES OF	F DEATH?
The sicro	E	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	71, HOW IN HIPV OCCUP	YES NO		NO 🗌
physical tricon of Hy and 18 mm.		OR CONTRIBUTING CAUSE OF DEA		Y YEAR 216 HOW INJURY OCCUR	KED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART 1 OR PART 2)	
Sic no ser feet feet feet feet feet feet feet fe	SC	(IF EITHER NOTHEY MEDICAL EXAMINER		19			
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NG Total		AT WORK NOT WHILE AT WORK					
NO ON O			ital) attended the deceased fram_		, to		(we) last
Spite CTC CTC I for of I		saw the deceased alive an obove, (I) [we) (did) (did no	1) view the body after death.	and that in (my) aur) apinian	death accurred an the da	ite and have and from the cav	ses stated
OR A DIREC Sched Dept. f Item		226. SIGNATURE	\ 1	DEGREE		220 DATE SIG	
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HOSPITAL med by the FUNERAL old be det on the State ORTANT:	1	224. PHYSICIAN'S NAME (TYPE O	OF PRINT)	22e ADDRESS			
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sho sho		BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	1234 LOCATION		
BP		BURIA!		DODLAWN CEM,	CITY OR TOWN	BALTIMORE, MA	PVI DAM
50000	24 P		S FUNERAL HO		E REC'D. BY REGISTRAR	256 REGISTRANS SIGNATURE	in onive
DHMH - 16 60M 7/84			ALLS PRINT RADRESS	mo 2/7// FF	R 2 7 1987	256 REGISTRAD SEIGNATURE	ndall



hartes S. Zeiler & Son Inc. 90% S. Conkling St.

DHMH - 16 60M 7/84

(VRA 15. 4)

STATE OF MARYLAND

ovis ; cai 7-1 ----

- STATE

REGISTRAR I. DECEASED NAME STATE OF MARYLAND

WIDOWED [

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Baltimore City.

February 2,

6 AGE LIN YEARS LAST BIRTHDAY

1987

Homemaker

Kaufman

IF UNDER 1 YEAR

CANTER M. 5. DATE OF BIRTH

Nov. 21, 1903

YEAR MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH

120 USUAL OCCUPATION

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

APPROXIMATE INTERVAL

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1624 Ramblewood Rd.

13d INSIDE CITY LIMITS?

Barbara

DIVORCED |

13e STREET ADDRESS / ZIP CODE 1624 Ramblewood Rd. 15 MOTHER'S MAIDEN NAME

21239

11:00 ADM

Detzer 166. SOCIAL SECURITY NO

LI3E CITY OR TOWN

Baltimore

213-09-6945

17 INFORMANT Mr. Milton Canter

MIDDLE

Same as #13e

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 (ance uona

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR

211 LOCATION CTREET

ATTENDING .

PHYSICIAN D

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2)

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

CITY OF TOWN

200 AUTOPSY?

NO

and that in (my) (and) opinion death accurred on the date and have and from the causes stated

22c DAJE SIGNED

NO T

STATE

STATE

3809 Greenmount Ave.

MEDICAL

SPECIFY) Burial 02/05/1987

23c NAME OF CEMETERY OR CREMATORY Gardens of Faith Cem.

DEGREE

23d LOCATION CITY OF TOWN Baltimore, Maryland

DIRECTOR PHYSICIAN

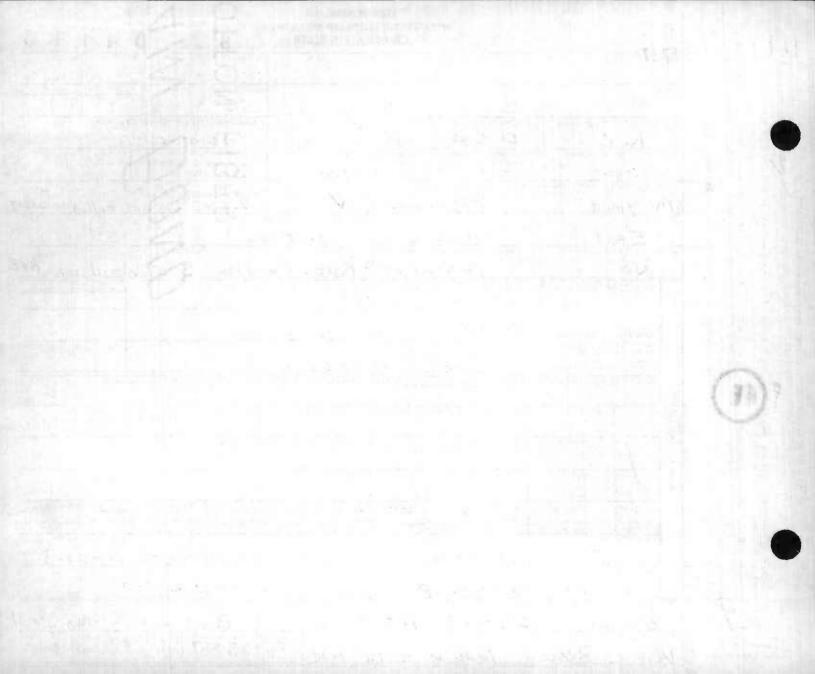
24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Md.

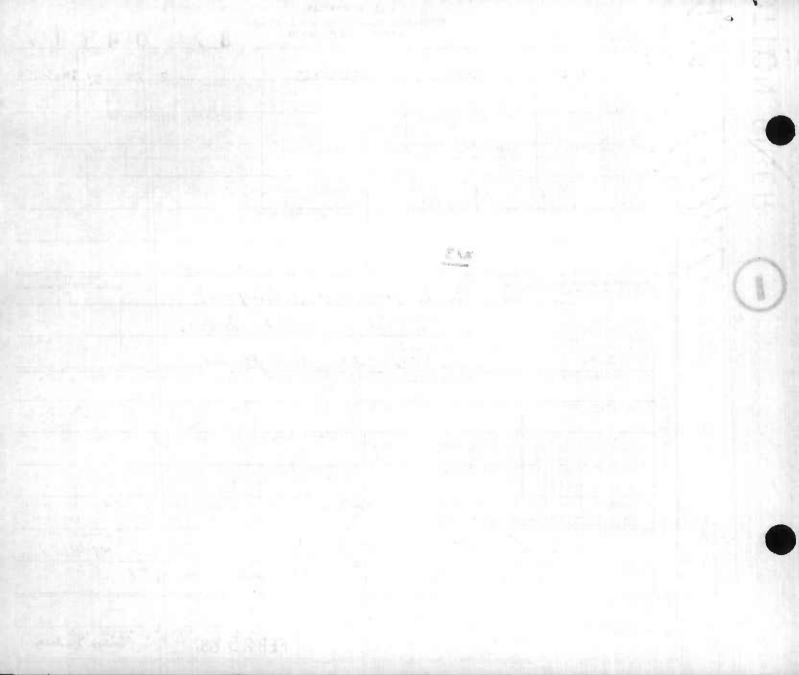
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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	1.	FOR	DEP		E OF MARYLAND EALTH AND MENTAL HYG	HENE		
	11	- STATE REGISTRAR			ICATE OF DEATH	8 R.G. NO	041	1 /
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B A A A A			nly one couse per line for (o), (b ED BY: TE CAUSE (a) Devu	te my	raidial -	Interet.	DC:WEBACK.	LI AND DEATH
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that that d by eose eose al, cr		underlying cause lost.	(c)	Venteuc	clar Herh	ighma		
S, 2(z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 110	
ORO reg	9	190 DATE OF OPERATION	196. CONDITION FOR WI	UCH OPERATIO	ALLWAS DEDS OF THE PARTY OF THE	28a AUTOPSY?	BOL JE VEC WERE EINIG ING	
n. n	CERTIFICATION	146 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED		206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	F DEATH?
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DING PHYSICIAN. The law requires that the dear are thending physicion. After this certificate has been signed by the attending eas the burial-tronsit perior. Then please remayer action of the hord Merical Hygiene prior to burial, cremains action marked or them 18 shows ony injury, or other trauments.	MED	WHILE NOT WHILE AT WORK	TAT HOME STREET FACTORY, OF	FICE, FARM ETC	STREET	CITY OR TOW	N COUNTY	STATE
Africa eolth		22a I certify that (1) (this hasp	nital) attended the deceased fr	am	2/18 1987	ta 2/2	O 19.87 tho	ot (I) (we) lost
TTEN phall TOR for u	113	saw the deceased alive or	ot) view the body after death.	1987 . 01	d that in (my) (our) opinion	death accurred on the dat	e and hour and fram the car	uses stated
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25	23a	BURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP		Burial	2/24/87	Crestla	wn Cemetery	Marriots	ville Ma	ryland
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR 1630 Ed	mondson Ave. Cato	asville, N	Id. 21228 FE	B 2 5 1987	Sh REGISTRAP'S SIGNATUR	adaes

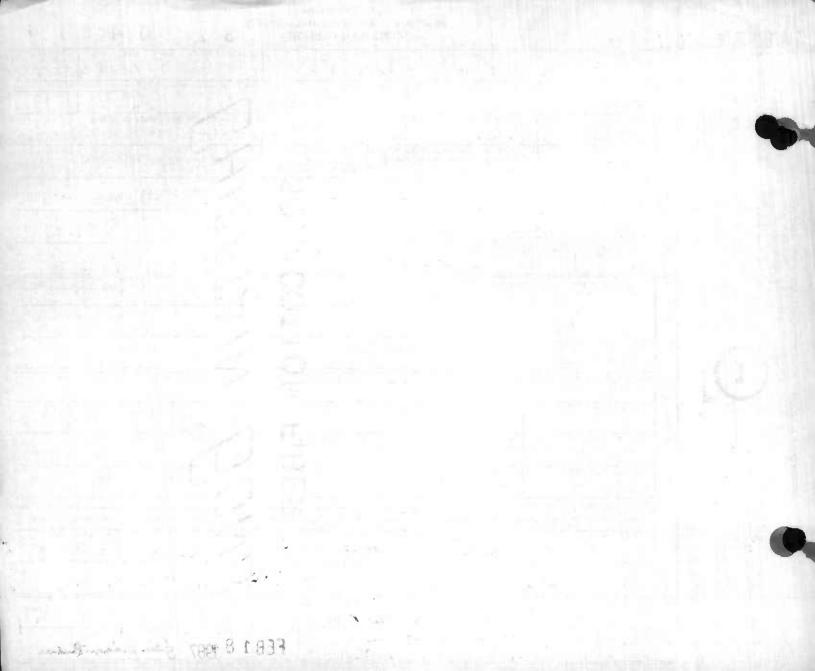


25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Ann Matthews, Matthews Funeral Home

3021 Eastern Ave., Baltimore, Md. 21224

DHMH - 16 60M 7/84 (VRA 15, 4)



(VRA 15, 4)

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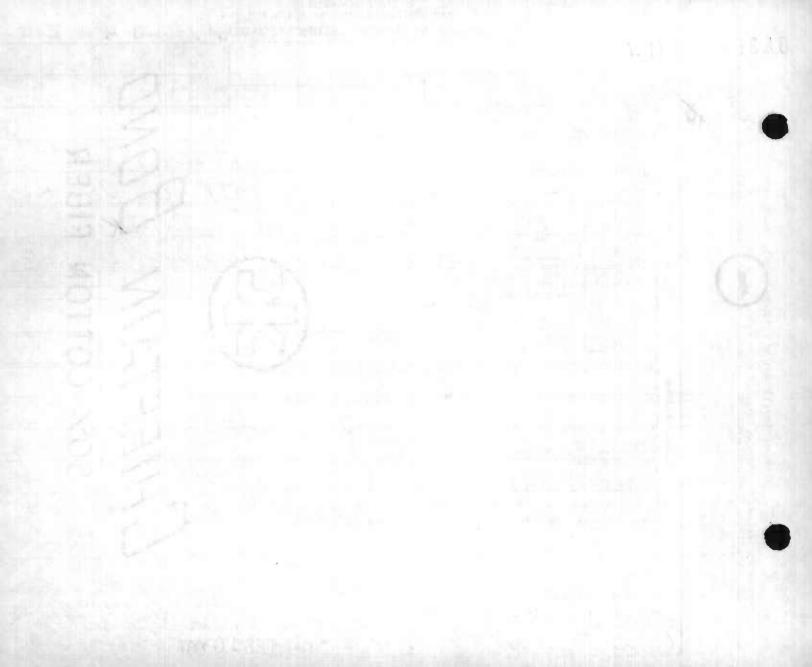
ND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE DECEASED NAME 20. DATE KNOWN TE MONTH 7h HOLIR ESTI-DEATH MATED William 6 1987 Carrington 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 3:15A DEAD 1987 TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED 1891019 WIDOWED DIVORCED Baltimore City CITY OR JOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY tireo Baltimore N. Castle Street Be STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 7-18-8222 John 18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Smoke inhalation DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19e. DATE OF OPERATION 19L CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NOX 210 EXTERNAL CAUSE WAS TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING House fire CONTRIBUTING CAUSE OF DEATH 2:57XX 1087 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) 921 N. Castle St. Balto. WHILE AT WORK COUNTY STATE house MD. 220 I certify that I took charge of the remains described above, held on Autopsy Inquiry Accident X death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) GE 4 SHOUI FUNERALD TER DEATH, V 2/6/87 Assistant DATE EAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto, MD ADDRESS. 0 23c. NAME OF CEMETERY OR CREMATORY 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5))

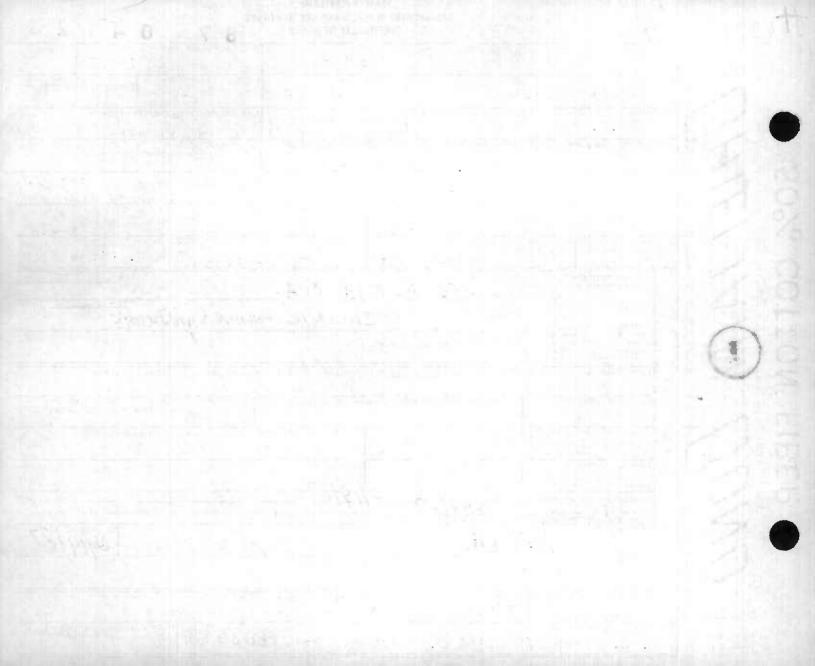


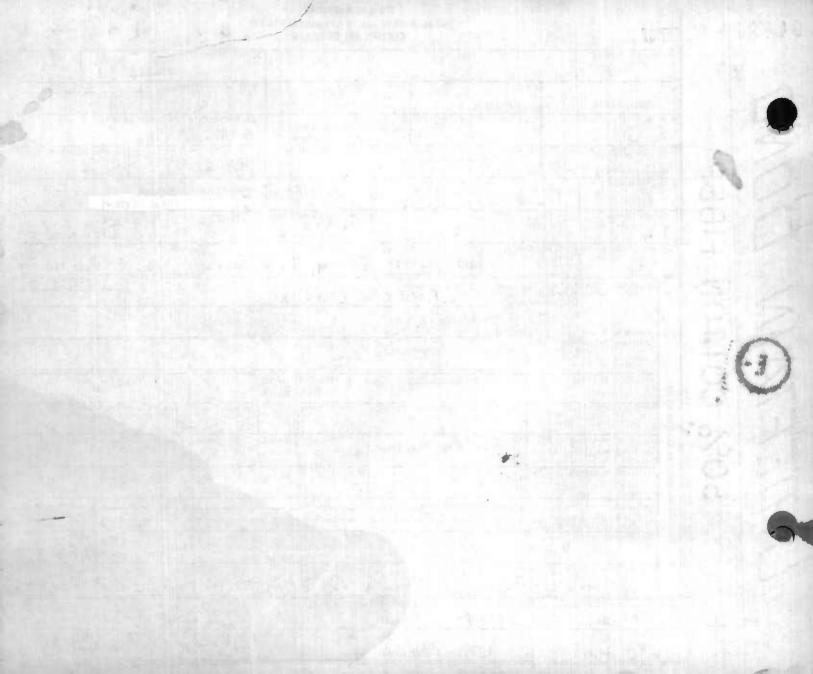
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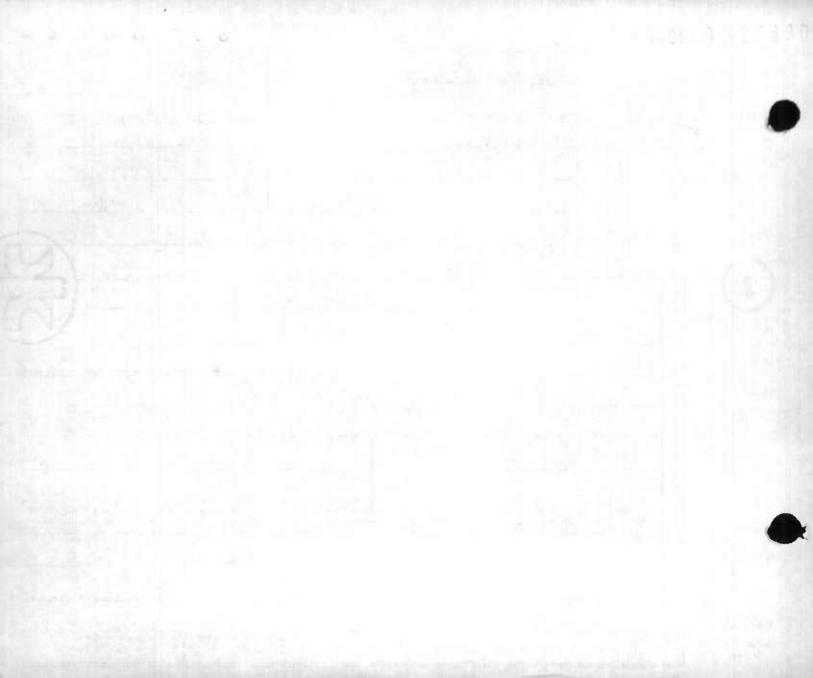




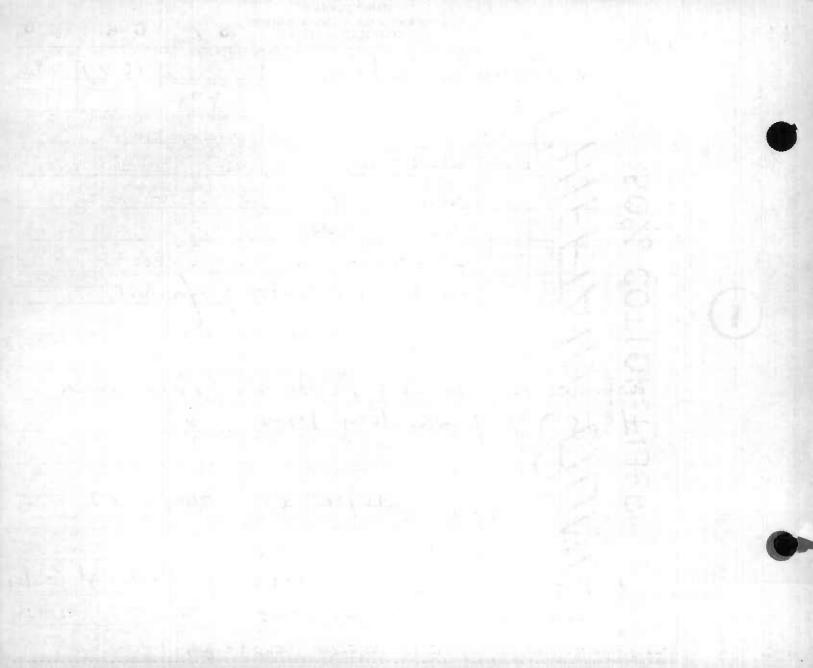
BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

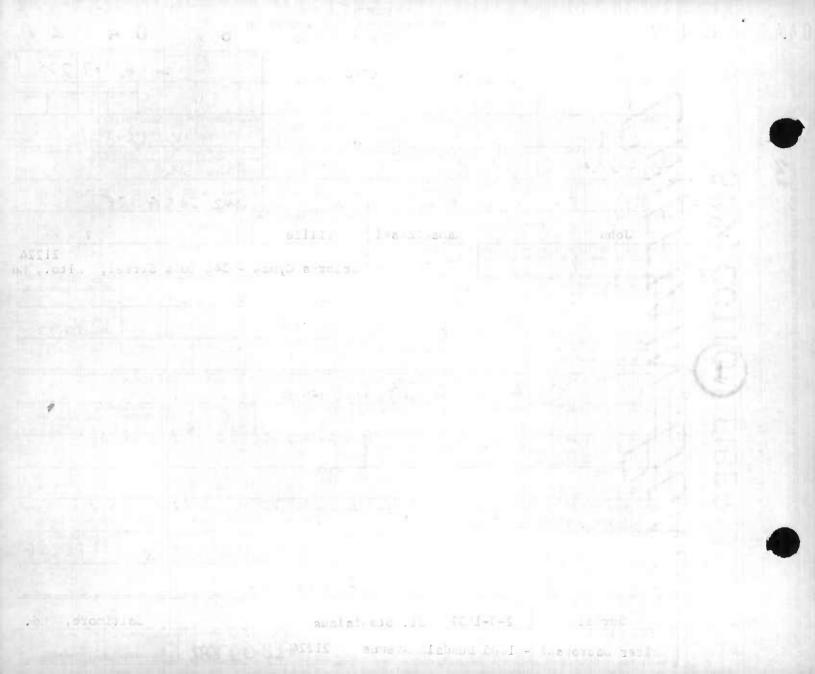
Leroy O. Dyett 4600 Liberty Heights



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH MONTH YEAR 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) JE UNDER I WAR IF LINDER 21 MP 4 RACE 5. DATE OF BIRTH 6. AGE [IN YEARS LAST BIRTHOAY] 3. SEX MONTH DAY YEAR Black BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia Baltimore City U.S.A. WIDOWED DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Liberty Medical Center Steamship Trade Baltimor Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 136 COUNTY 13c CITY OR TOWN 1134 INSIDE CITY LIMITS? 2024 N. Fulton Ave. 21217 Baltimore YES X NO [Maruland 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE MIDDLE Emmanuel Chin Redie ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO NO I LIE YES GIVE WAR OR DATES) Sara Ball 2024 N. Fulton Ave. Balto. MD 21217 230-12-3273 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. AND 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DOUTH BUT NOT AT A TED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 286. IF YES, WERE FINDINGS USED 200 AUTOPSY % DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING TIB. TIME OF INJURY 216 OW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY OR CONTRIBUTING TO CAUSE OF DEATH LIFETHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 214 INJURY OCCURRED 71s PLACE OF INJURY CITY OR TOWN COUNTY STREET CAT HOME, STREET, EACTORY, OFFICE, FARM, \$70.5 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not view the body ofter death. 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 27ª ADDRESS 224 PHYSICIAN'S NAME (IXE OR PRIN d b MPORT 0 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b DATE (SPECIFY) Virginia Burial 2-15-87 Mount Vernon Cemetery Whitestone 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Bailey Funeral Home 1348 N. Calhoun St. 21217 (VRA 15, 4)



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DHMH - 16 60M 7/84 (VRA 15, 4)

6010 REISTERSTOWN RD.

B.M. SHAH

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

BURIAL

SOULEVINSON & BROS., INC. BALTO, MD

FEB. 18, 1987

21215

23c. NAME OF CEMETERY OR CREMATORY

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Ballimore

STATE OF MARYLAND

BALTIMORE

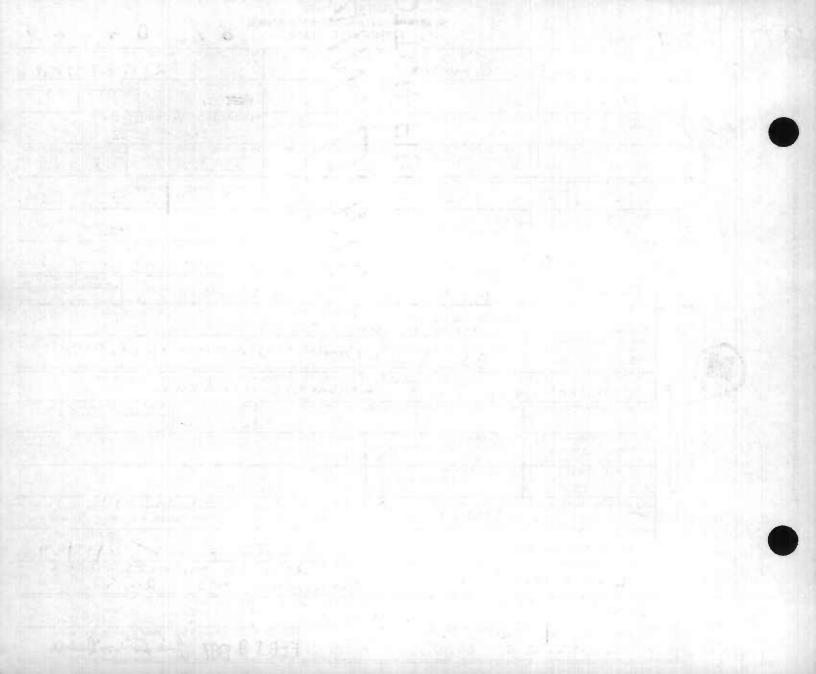
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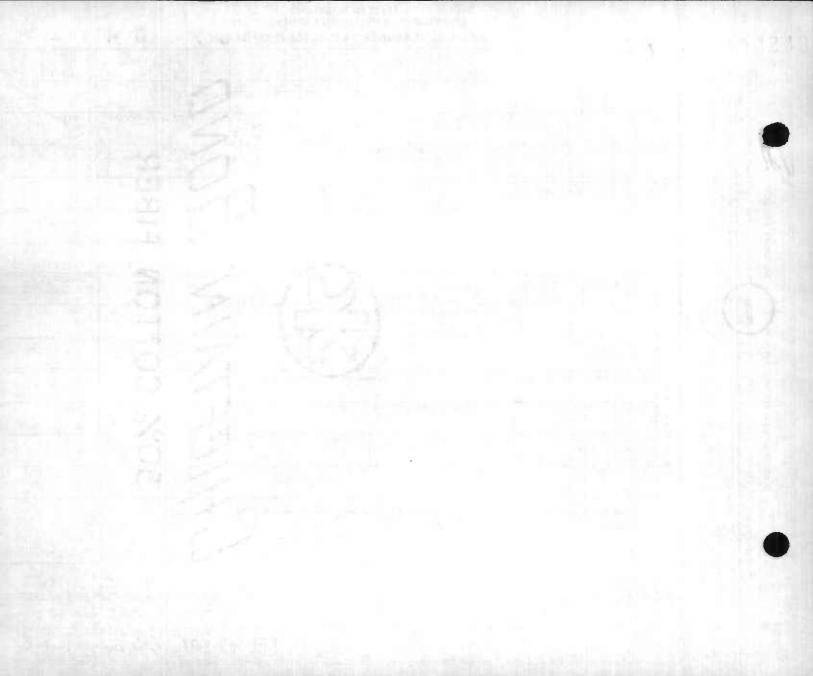
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STATE

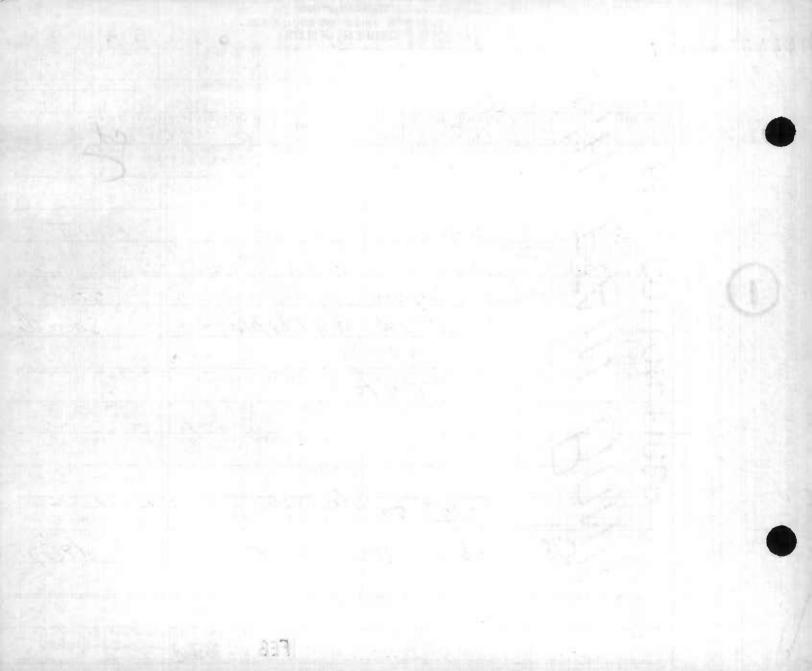
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ha Dividen Pandall



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LEASED NAME 20 DATE KNOWN XX MONTH 25 HOUR COMPRESSED THE PARTY. ESTI-2 - 23DEATH MATED 19 87 Mark Wavne Clark 4 RACE & AGE (IN YEARS | IF UNDER 1 YR. DAY 5. DATE OF BIRTH IF UNDER 24 HRS 1:20 DATE LAST BIRTHDAY) RONOUNCED 19 87 55 31 YRS DEAD Male Black C. M 76. CITIZEN OF WHAT COUNTRY? 78 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED Y NEVER MARRIED FOREIGN COUNTRY) USA Maryland WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 120. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) **UMAB** Baltimore Sinai Hospital AL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134. INSIDE CITY LIMITS? NEET ADDRESS 13c. CITY OR TOWN IN COUNTY YES X NO B 3411 Lynne Haven Dr. 21207 Baltimore Maryland 4. FATHER'S NAME IS. MOTHER'S MAIDEN NAME AA IDDLE LAST Shirley MIDDLE Clark Snowden Horace 7 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 215-64-7521 Mrs. June W. Clark 3411 Lynne Haven Dr. Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 g 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY (ATHOME 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK XX. FUNERAL DIRECTOR: TER DEATH, WITH THE S LTIMORE MARYLAND 220 I certify that I took charge of the remains described above, held an Inspection and in my opinion Natural causes XX death resulted from Homicide Undetermined monner TITLE (SPECIFY) 2-24-87 Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth 111 Penn St., Balto., Md. M.D. 21201 TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Garrison Forest Cem. Owings Mills Md. Burial 2/28/87 07/B4 25M 24 FUNERAL DIRECTOR **DHMH** - 17 ADDRESS Gulia Davidson Rondale (VR A15 ME (5)) March F/H West 4300 Wabash Ave

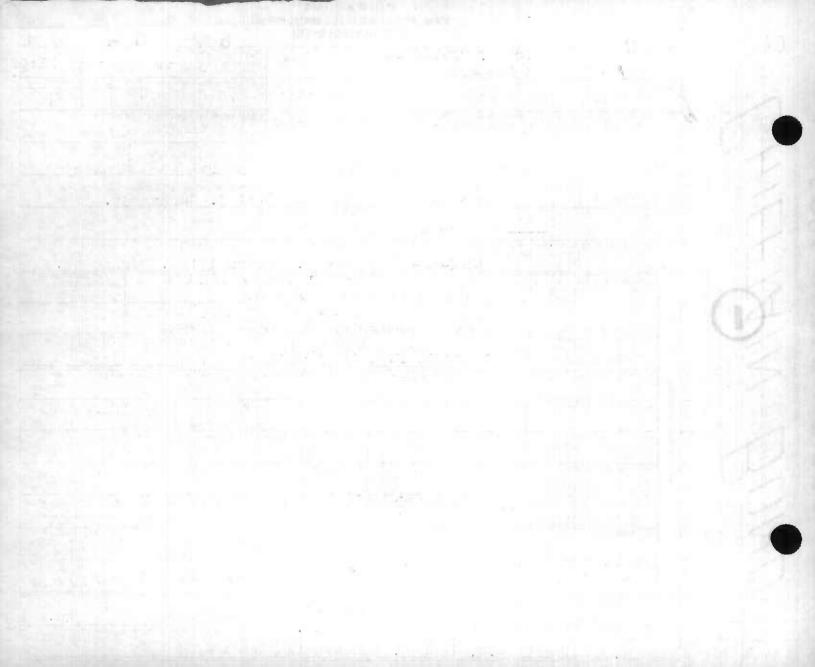


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		24 FL	JNERAL DIRECTOR	14-10-87		25e. DAT	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE
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(VRA 15, 4) Mark A choinacki F. H. 1800 E. Lombard MAR 02 1937	0HMH - 16 60M 7/84	4 FU	NERAL DIRECTOR	ADDRESS			A 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	756 REGISTR	RAR'S SIGNAT	TURE

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a DATE OF DEATH I. DECEASED NAME MIDDLE MONTH DAY YEAR 2b HOUR 10:45 M (TYPE OR PRINT) C1006H mildred 3. SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS White MONTH DAY YEAR FRINGLE 13 21 YRS BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Raltimore city rndiana DIVORCED WIDOWED MD. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Raltimore mercy Hospital. Ralto. wd Homemaker. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21230 13a. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE ma.rvland Raltimore YES TV . Ralto. Md Durst ct. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE FIRST matthew cook Ressie IInknown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 7-24-9605 Reginald c. clough, gr . game as 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: Phronic obstructive Relationery 10 IMMEDIATE CAUSE (0) DUE TO, OR-AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 9 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f LOCATION 0 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a 1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death, 226. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS ith the 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

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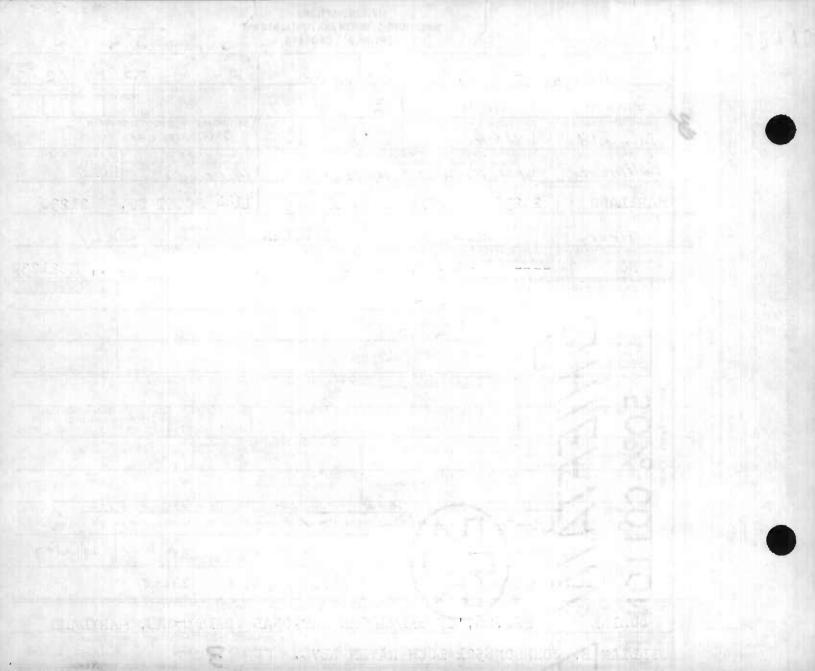
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24 FUNERAL DIRECTOR

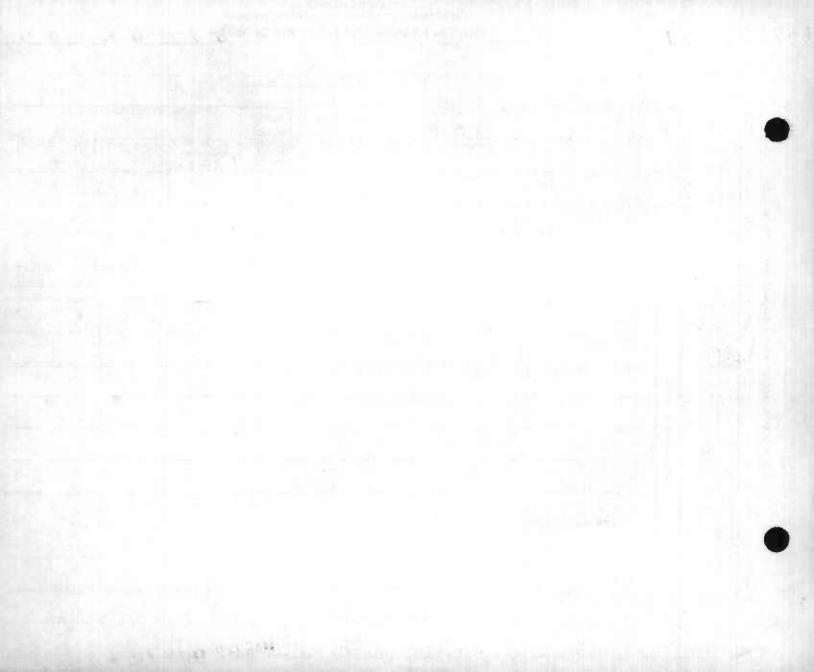
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(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST DECEASED NAME 2a. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-1987 DEATH MATED 2/ 23/ E. Eugene GES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. W. PM. 3. RETAIN PAGE 5 FOR YOUR FILES. AND 2 SHOULD BE FILED, WITHIN 72 HOURS. OF VUTAI RECORDS, 201 W. PRESTON STREET. Coe 4 RACE SEX S. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 8:20 DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED 87 76 DEAD PM YRS 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Dalte WIDOWED _ DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore E. Glenwood USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136. COUNTY 13d INSIDE CITY LIMITS? 13ª STREET, ADDRESS YES Y NO [14. FATHER'S NAME JURS AFTER LE. 1. 2 18. GIVE PAGES 1, 2 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO. ADDRESS PAGES 1 (YES, NO, OR UNKNOWN) Maple Denise 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES _ NO V 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M TIE PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED IF LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK AT WORK COUNTY TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND, X 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SKINATURE Assistant MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) Gregory R. Kauffman, M.D. 111 Penn 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE (SPECIFY) altimore 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** NAME ADORESS MAR 0 2 1987 (VR A15 ME (5)) Oden + Gibe



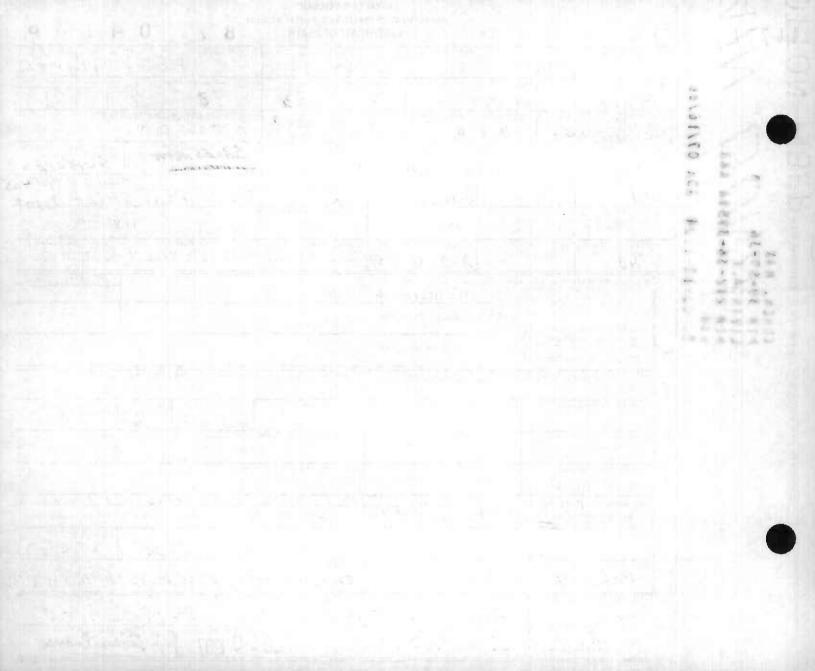
STATE OF MARYLAND 046525 MAR 1018 STATE DEPARTMENT OF HEALTH AND MENT AL HYGIENE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MONTH LIYPE OR PRINTS WALTER COFFINBERGER SPARROW FEBRUARY 24 1987 4 RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY IF LINDER 1 VEAR Male March 30, 1907 White NXK TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A West Virginia BALTIMORE CITY DIVORCED T WIDOWED IA, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL Health Care lospital Emp. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
131. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Warfordsburges Fulton Penna. P.O. Box 190 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Link LAST Margaret Mae Elmer Coffinberger William 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 16 ADREVer TWO William F. Coffinberger-Balt. Md 05-07-9704 Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Cardionalmonas acres IMMEDIATE CAUSE to) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which hacaria gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. una concer PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY JAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE sow the deceased alive on 2/27 19 S ... and that in (my) (aur) apinion death occurred on the date and haur, and from the causes stated 27h SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN S NAME (THE CHIMOUT) 22e ADDRESS Johns Mopkins Mospital 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Rosedale Cemetery Martinsburg Berkelev W.V 24 FUMERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

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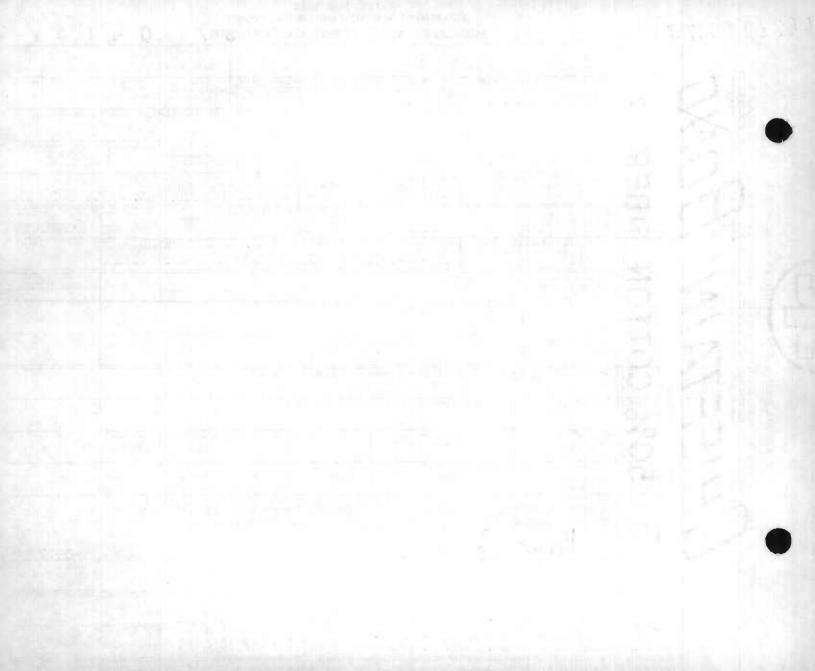
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BALTIMORE,		AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	- W. + O O O O . + C C	36-3959	MRS. SHIRLEY		VALLEY	COUNT	(21208) RY CT.
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ATTENDI aspital or ECTOR: A d for use f. of Heali m 21 is m.			tal) attended the deceased the bady after death.	19_87, ar	nd that in (pa) (aur) apinion	death occurred an the	date and have a	and from the	
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24 FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTO., MD. (21215)

PER 1 9 1987 Julia Dender Constitute



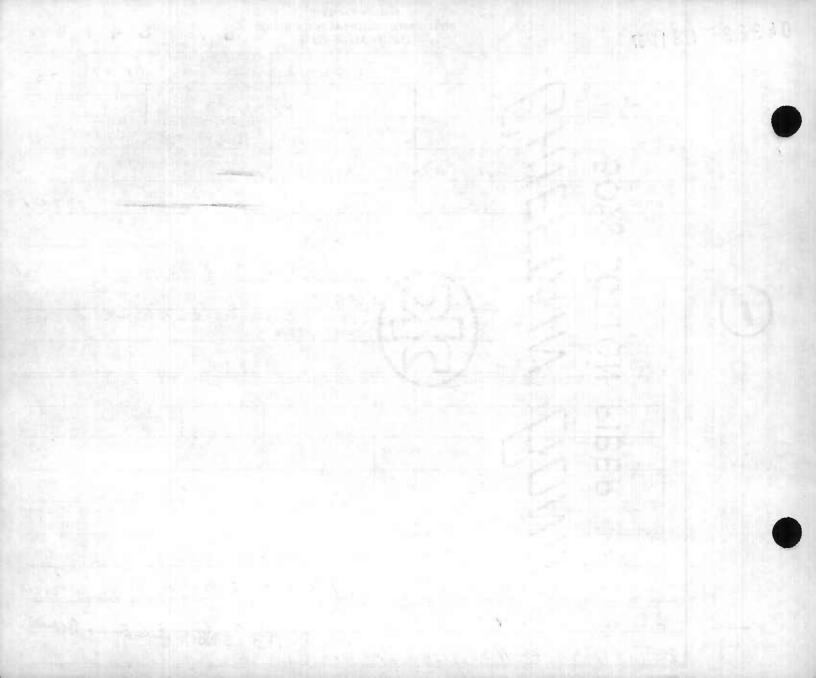
STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** 44220 FEB - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN MIDDLE I DECEASED NAME 2h HOUR (TYPE OR PRINT) ESTI-DEATH MATED SHIRLEY 2-6-87 COHEN AGE (IN YEARS DATE OF BIRTH DATE 2d HOUR DAY YEAR LAST BIRTHDAY) PRONOUNCED :50 2-6-87 FEMALE JAN. 9, 1912 DEAD WHITE 75 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARY LAND USA WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Sinai Hospital AT HOME Baltimore ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND 3737 CLARKS LA., APT. 307 #2121 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE CAPLAN HARRY FISHER LENA 17 INFORMANT MRS. LYNNE HECKER 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) NO 220-30-5875 3529 BARTON OAKS RD. #21208 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL IE, WRITING THE WORD
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PAGE 3 SHOULD BE STATE DEPARTMENT OF
2, 21201 PRIOR TO BURIA YES [] NO SZ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED TENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN STATE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH HE ST. BALTIMORE, MARYLAND, 2 X 220. I certify that I took charge of the remains described above, held an Autapsy Inspection death resulted Iram: Natural causes X Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BURIAL OHEL YAKOV-BETH ISRAEL BALTIMORE MD 07/84 BP 25M 24 FUNERAL DIRECTOR NERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALL OF HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR. After this certificate has been signed by the ortending physici should be detached for use as the buriol-transit permit. Then please remove as abondoper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other traumatic event, the		18 CAUSE OF DEATH (Enter only one couse per line for ia), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSED DUE TO, OR AS A CONSEQUENCE OF QOVER ISBN TO immediate couse lost, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN TO THE TERMINAL DISEASE OR CONDITIONS GIVEN TO THE TERMINAL D
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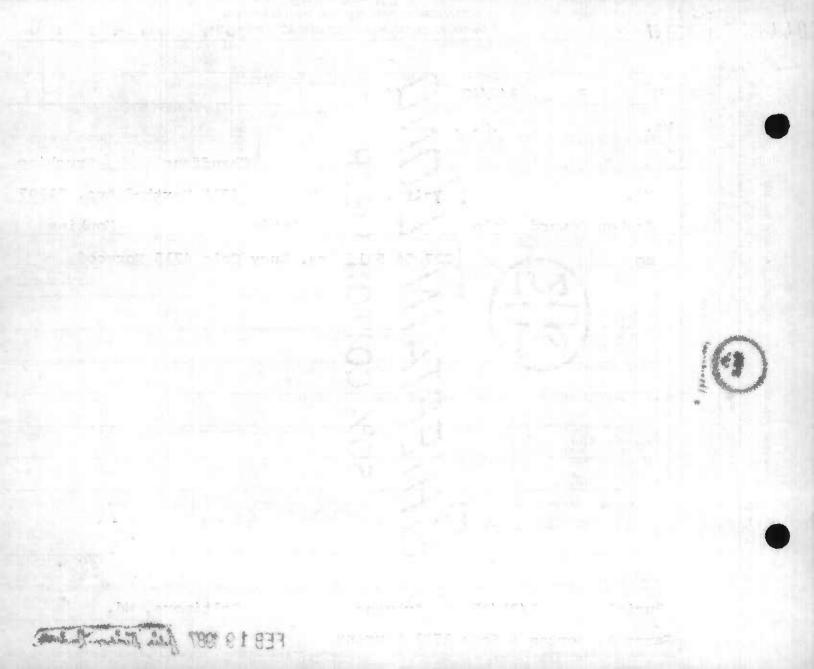


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) OF ESTI-E FUNERAL DIRECTOR.

E 5 FOR YOUR FILES.

ED, WITHIN 72 HOURS

W. PRESTON STREET, DEATH MATED Edward Cole 2/17/ 19 87 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAYS PRONOUNCED 3/2/42 B M 44YRS DEAD 17/19 87 Th CITIZEN OF WHAT COUNTRY? 78 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Va. DIVORCED WIDOWED [Baltimore City. 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY AGES 1, 2, AND 3 TO T RM PM 3. RETAIN PA 1 AND 2 SHOULD BE FI 1 OC VITAL RECORDS. 2 Chauffeur Baltimore South Baltimore General Hospital Trucking SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13h COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Balto 4715 Norwood Ave. 21207 NO T Md 14 FATHER'S NAME 15, MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Hopkins Rueben Edward Cole Annie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. T. PAGES 1 DIVISION ((YES, NO, OR UNKNOWN) 54 5816 Mrs. Lucy Cole 4715 Norwood 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 X 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted fram: Natural couses Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE M.D. Assistant MEDICAL EXAMINER SIGNATURE 2/18/87 SIGNED EXAMINER'S NAME TYPE OR PRINT Gragory R. Kauffman, M.D. ADDRESS, 111 Penn St 23a BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATOR' 23d. LOCATION Burial STATE Baltimore, 2/21/87 Arbutus 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** James A. Morton & Sons 1701 Laurens (VR A15 ME (5))



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DHMH - 16 60M 7/84 (VRA 15, 4)	6010 REISTERST	OWN RD. BALTO., MD	21215	E REC'D BY REGISTRAR	On REGISTRAR'S SIGN	ALURE

STATE OF MARYLAND

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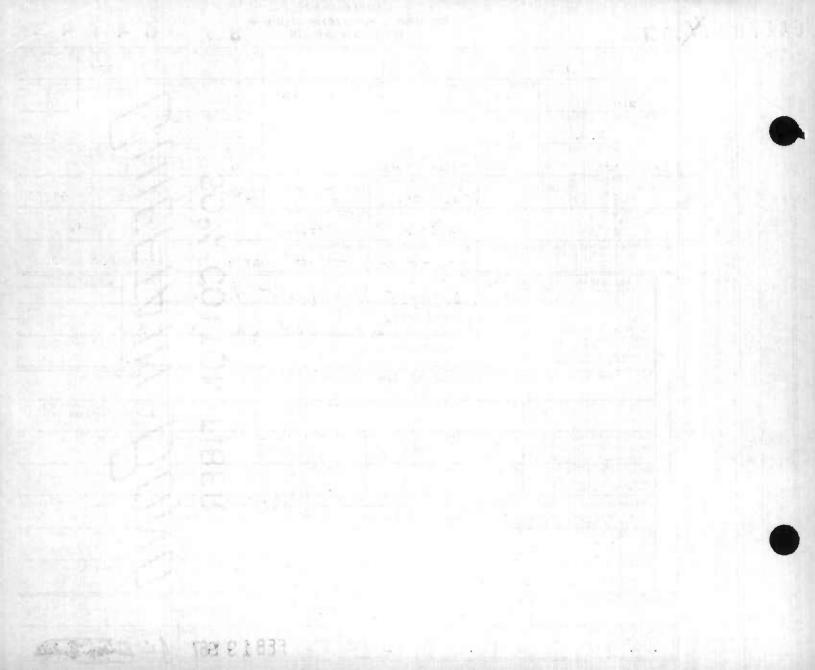
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
Wm. C. March F/H

1101 E. North Avenue

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE FEB 1



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24 FUNERAL DIRECTOR

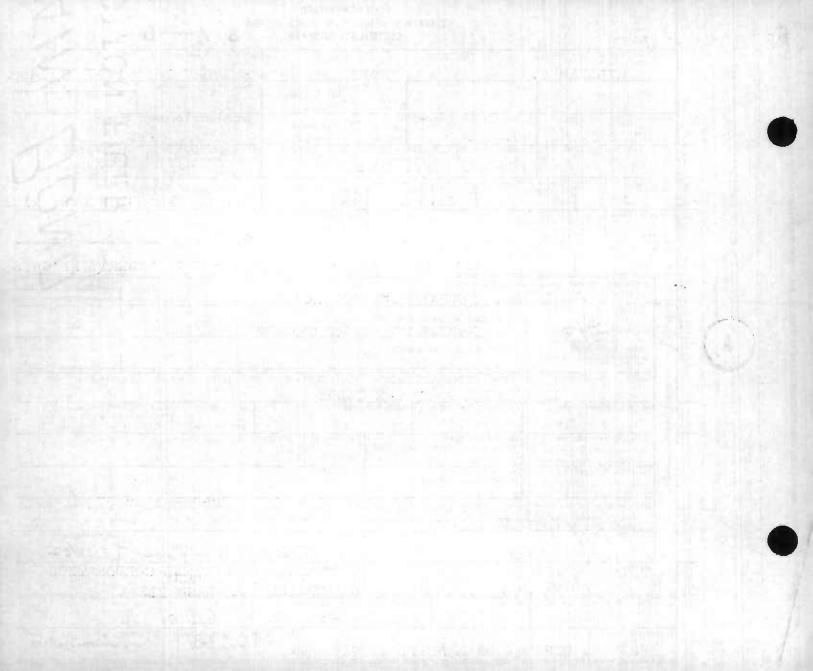
Charles S. Zeiler & Son Inc. 901 S. Conkling

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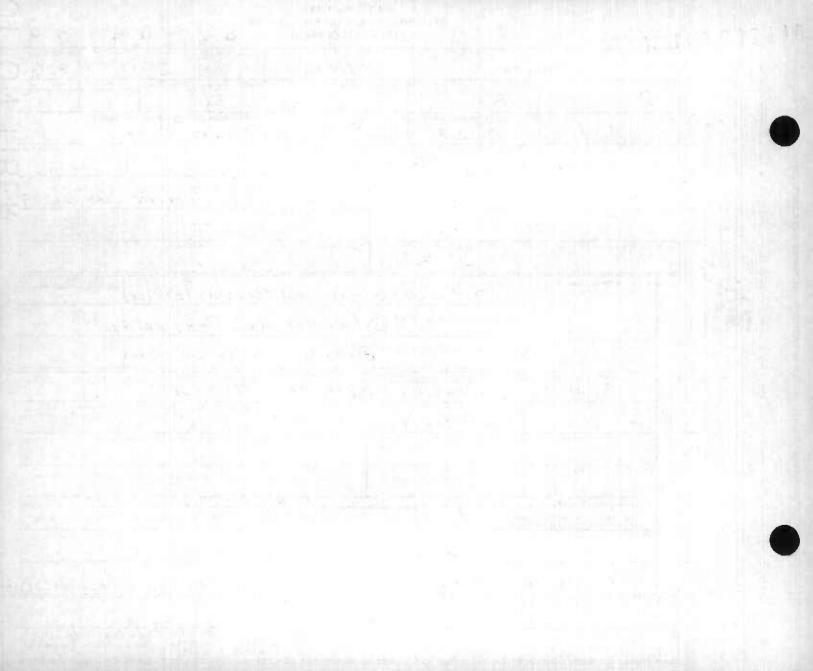
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

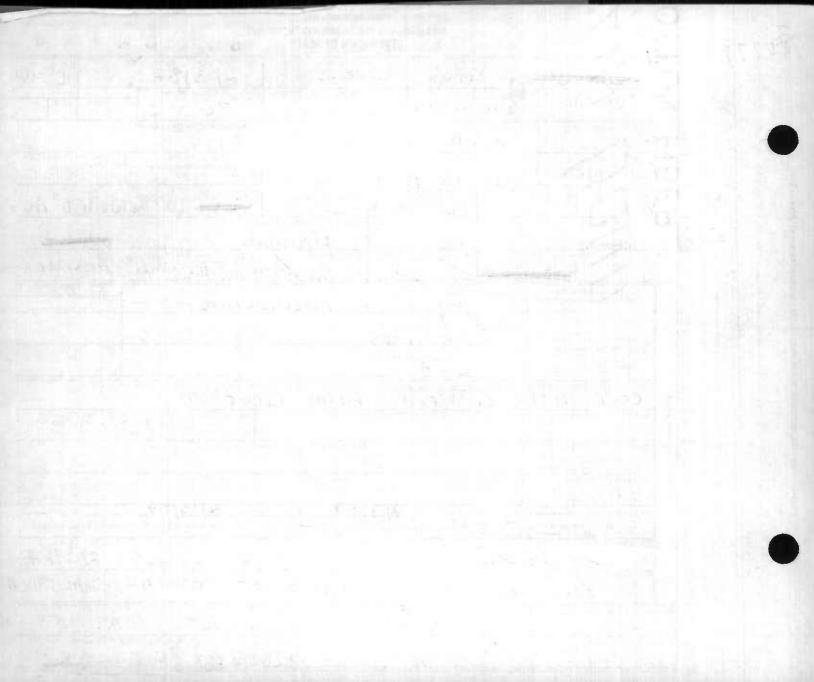
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			STATE OF MARYLAND		
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I - 16 60M 7/84	24 FUNERAL DIRECTOR	ADDR	2235	ATE REC'D. BY REGISTRAR 256 REGIS	TRAP'S SIGNATURE
(VRA 15, 4)	March F/H Wes	t 4300 Wabash Av	/e.	LED : 188/	Daniel V. Karanga

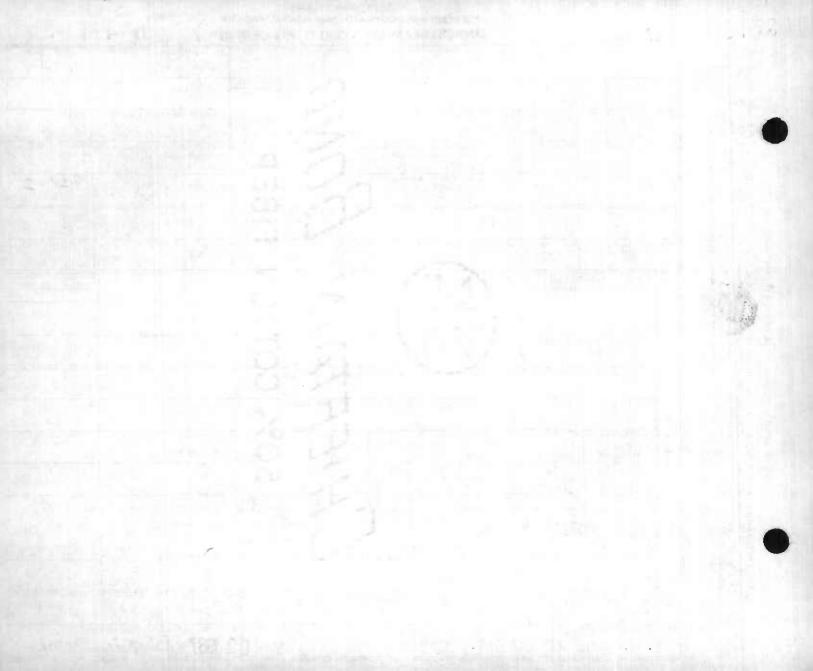


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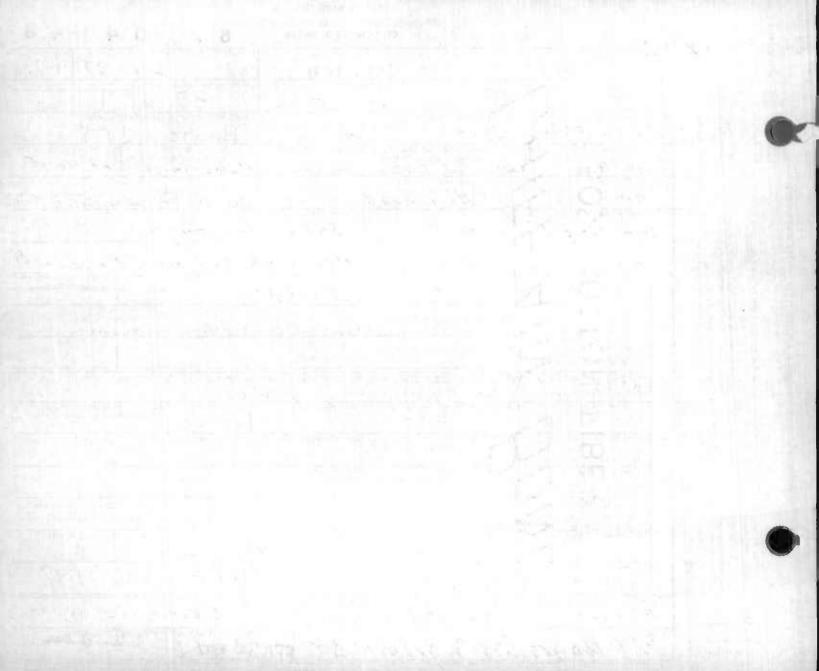


DEPARTMENT OF HEALTH AND MENTAL HYGIENE 015715 MAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO REGISTRAR DECEASED NAME YEAR 2a DATE KNOWN MONTH 7b. HOUR (TYPE OR PRINT) ESTI-1987 R FILES. HOURS STREET, Andrew DEATH MATED XIX 2 - 24Cornish 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS JE UNDER 1 YR IE UNDER 24 HRS 2c. DATE 2d HOUR AN PAGE 3 FOR YOUR F LD DE FILED, WITHIN 72 HO DRDS, 201 W. PRESTON STR LAST BIRTHDAY) PRONOUNCED 10:45 1087 2 - 24DEAD male black 10 18 1955 31 YRS a. M In BIRTHPLACE (STATE OF Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FORFIGN COUNTRY) WIDOWED [DIVORCED Baltimore City, Ga IR CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 115 NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
513 Cathedral St., Apt. #8 FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE ADMISSION 21202 | 13d. INSIDE (11Y LIMITS? | 13e. STREET ADDRESS | 513 Cathedral St Apt 13b COUNTY Baltimore Md 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Davis Frederick Cornish Jimmy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Apt 101 (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 217-62-8119 No Judith Cornish 706 Reedbird Avenue 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 201 W. PRESTON ST.. PART I DEATH WAS CAUSED BY: Multiple Stab Wounds IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION THIS CENTRING THE CONTRIBUTION OF THE CONTRIBU 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES W NO [21g EXTERNAL CAUSE WAS HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR
CONTRIBUTING CAUSE OF DEATH ? P.M. 19 87 subject was stabbed 2-24 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. THE LOCATION EXECUTE THE CORNAGE OF SECULE PAGE 3 TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE 513 Cathedral St., Apt. #8, Balto., Md. Home Autopsy XX 220. I certify that I took charge of the remains described above, held an Inspection Inquiry Hamicide XX Undetermined manner death resulted Hamil Natural couses 2-24-87 Assistant SIGNATURE EXAMINER'S NAME Dennis F. Smyth. M.D. ADDRESS 111 Penn St., Balto., Md. 21201 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b DATE 3/3/87 STATE Landsdown Mt Zion Cemetery Md Burial 07/B4 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Wm. C. March F/H 1101 E. North Avenue ulia Devidion (VR A15 ME (5))

STATE OF MARYLAND



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₽₩ ₽₩ ¥ =	230	BURIAL, CREMATION, REMOVAL	236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION STATE
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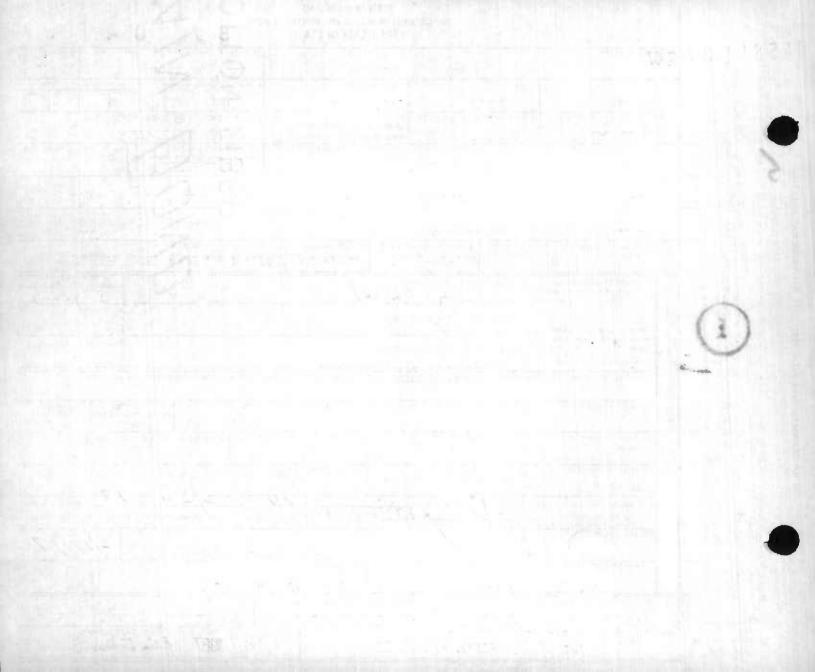


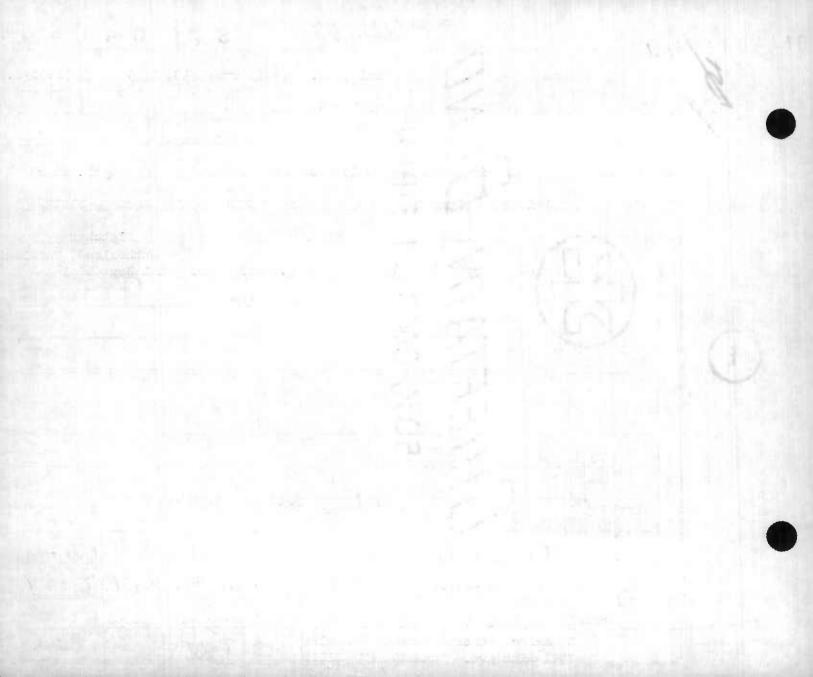
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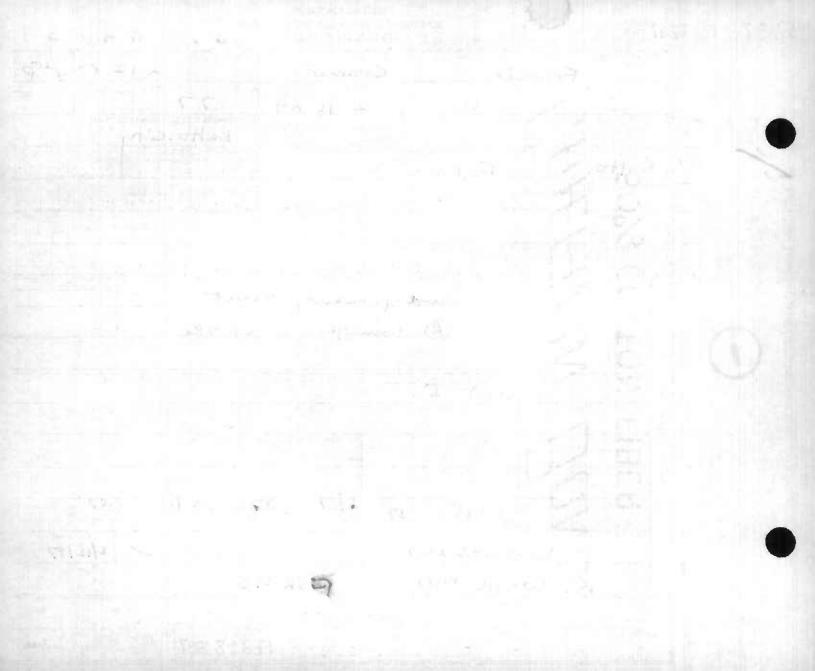
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STATE OF MARYLAND

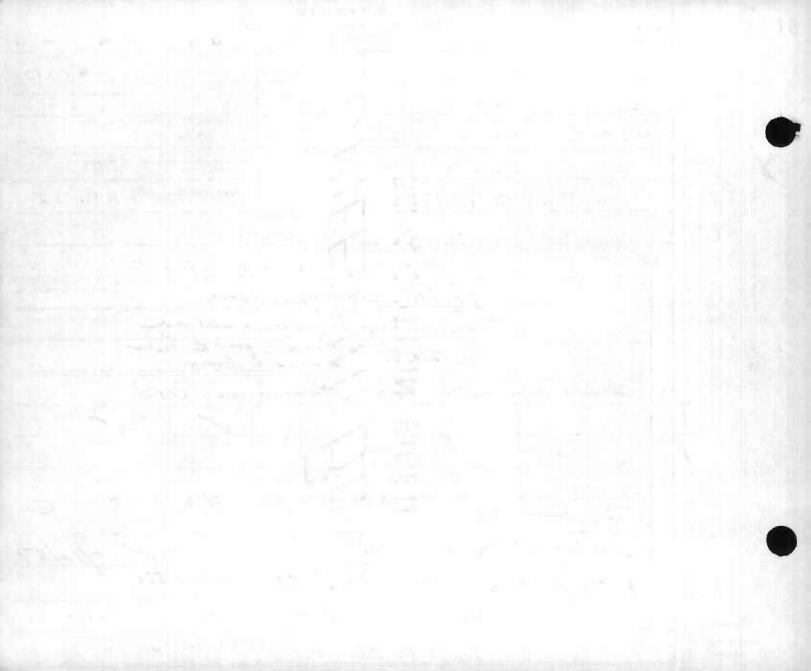




	- 1	STATE OF MARYLAND	
1 1 3 7 3 FFR	11	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
7.4010 110	1.7	REGISTRAR FRANCIS M. CRAMER, SR. CERTIFICATE OF DEATH	1
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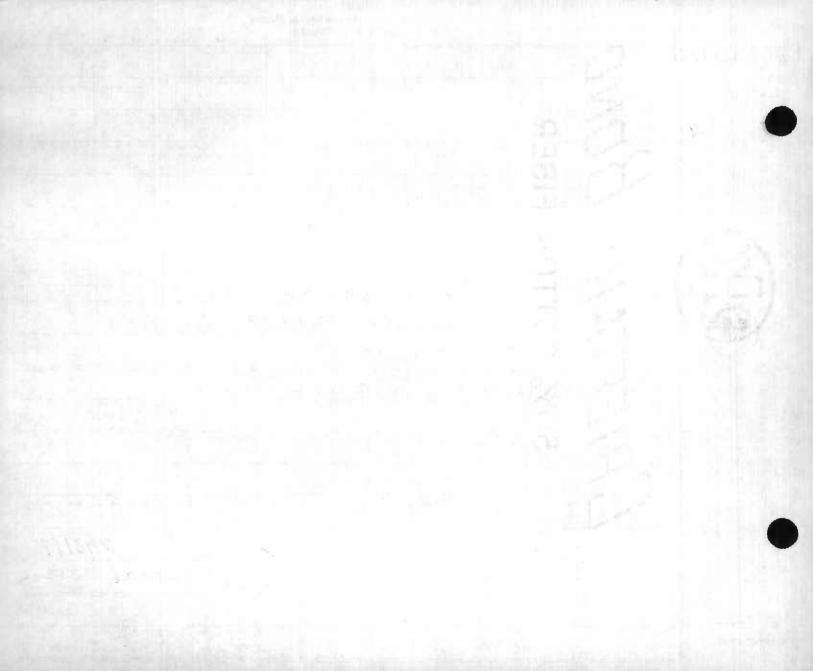


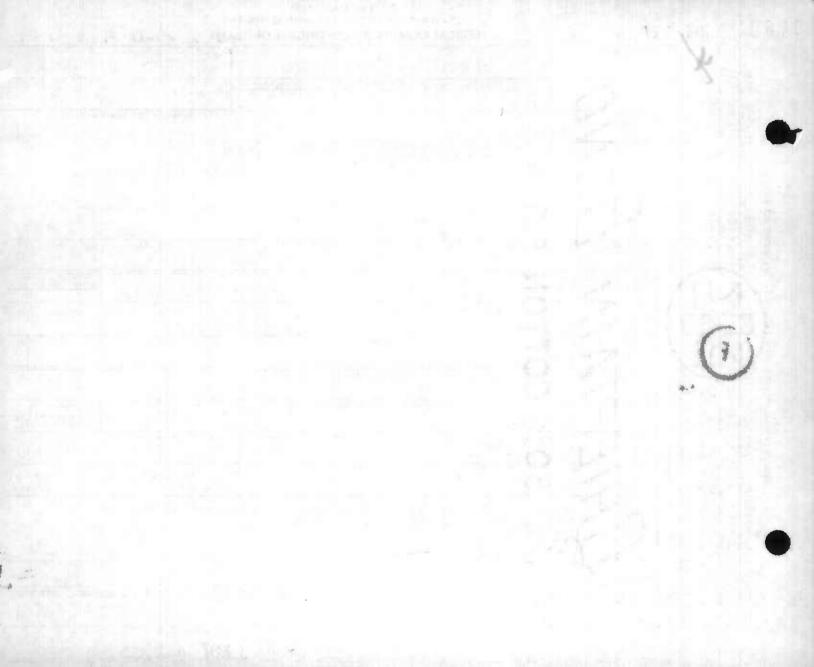
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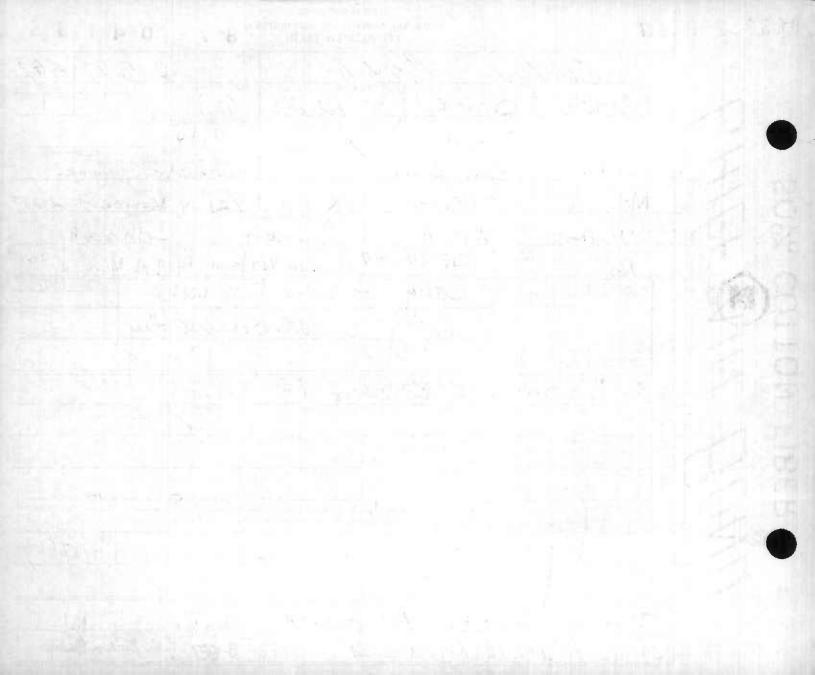
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STATE OF MARYLAND

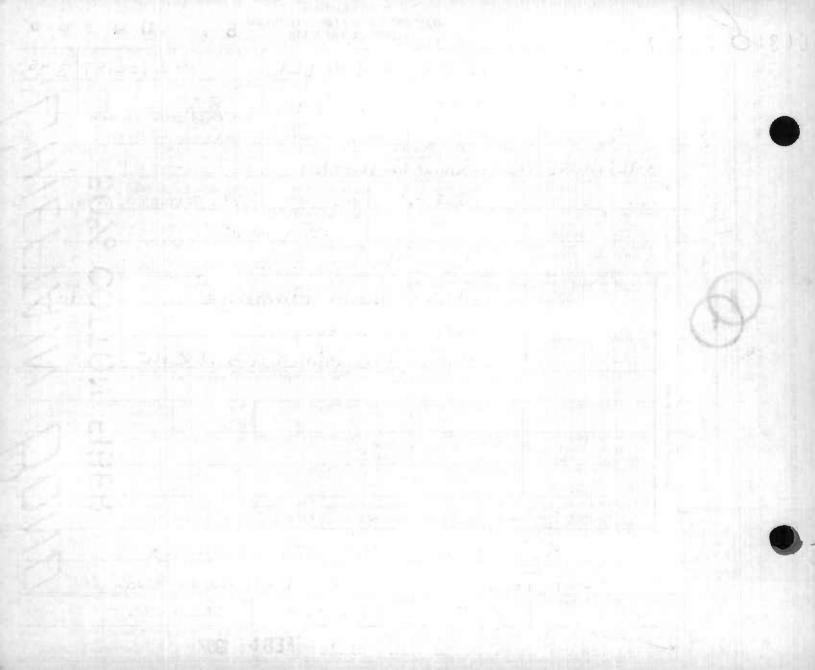




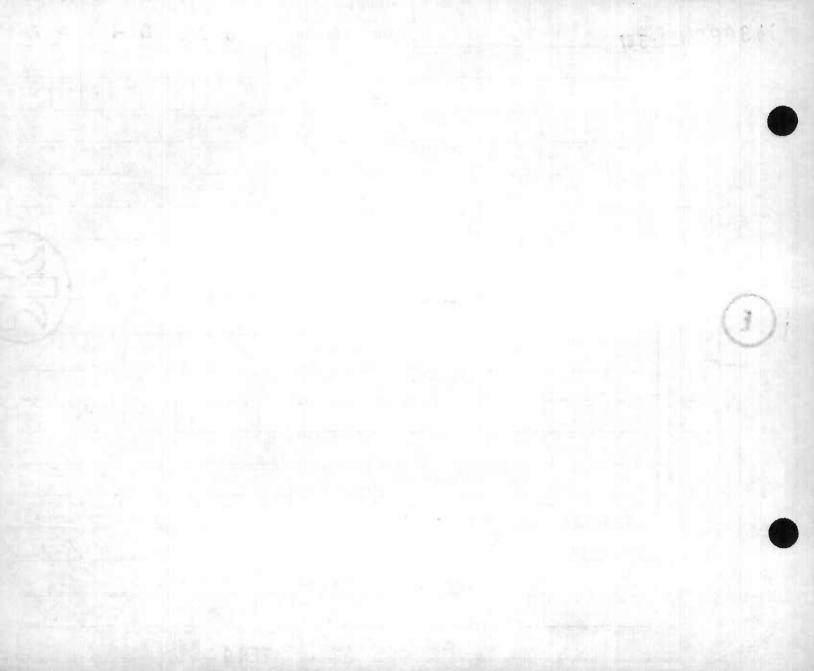
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ge 4 moy ector, poi	3 SE	FEMALE	Black		6 AGE UN YEARS LAST BI	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
nerol dim	7a B	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	** 8. MARRIED NEVER MARR WIDOWED NOON	IED \	OR COUNTY OF DEATH
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MARYL, ed withir ond 2 sh	14. F.	ATHER'S NAME FIRST Walter	Middle Watson		DENNAME MIDDLE	Culbreath
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ned res the plec	NO	PART 2. OTHER SIGNIFICANT	COMPITIONS CONTRIBUTING	DEATH BUT NOT RELATED TO	HE SERMINAL DISEASE OF CO.	OTTON GIVEN IN PART 1:0
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r otherding physician. Wer this certificate hos been sign of she buriol-tronsit permit. Ther th and Mental Hygiene prior to be orked or them 18 shows any injur	CERTIFICATION	PATE OF OPERATION		H OPERATION WAS PERFORME	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
N OF VITAL SICIAN: The mag physicio certificate la viol-tronsit ental Hygie them 18 sho	CAL	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) P.M.	DAY YEAR	OCCURRED (ENTER NATURE OF IN)	JRY IN ITEM 18 PART 1 OR PART 2)
DIVISION OF OFFICE THIS Re as the bud offth and Amorked or	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM, ETC .211 LOCATION STREET	City Or I	OWN COUNTY STATE
ATTENDI or spirol or use for use of Heal		saw the decrased alive or above, It (well did vaid no	yol) ottended the deceosed from 2 19 11) view the body ofter death.	ond that in (my) (our)	opinion death occurred on the	19 that (I) (we) lost date and hour and from the causes stated
TAL OR A by the hosy the hosy the hosy detoched tote Dept.		The SIGNATURE BY GC	region		NDING MEDICAL STA	
O HOSPITAL efound by the TO FUNERAL should be detained to the Store with the Store		22d. PHYSICIAN'S NAME (1)		22e ADDRESS		11
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DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	UNERAL DIRECTOR	La La COBRESS	ensst	FEB 6 1987	Julia Denderro Rodelle



1.	1			STATE OF MARYLAND		
	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 8 7 0	4 5 6
INDI FEB	nie	TREGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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Ter D	3 SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER A HRS
ecto rs of		emale	White	03/12/1904	82 YRS	The state of the s
De Co	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
072		Ttaly	USA	WIDOWED X DIVORCED	Baltimore (City MD.
the day	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	125 KIND OF BUSINESS OR
9 4	i	BALTIHORE	GOOD Some	itan Hospital	Homemaker.	INDUSTRY
9	JUSU.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)		
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ne .	14 F.	ATHER'S NAME		15. MOTHER'S MAIDEN NA		30d 11vc. 2123
25		Santo Leone	MIDDIE LAST	Grace	Radali	IAST
	160	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC		ADDRESS	
ped /		YES, NO OR UNKNOWN) [IF YES, GI	VE WAR OR DATES) 216-36	-4042 Anna G. F	ioravante 460	5 Moravia Rd
3					21206	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Di.		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), a	nd (c).)	21200	BETWEEN ONSET AND DEATH
J.		IMMEDIA	TE CAUSE (a) HOXI	c brain clar	nage	3 days
4 to)			DUE TO, OR AS A CONSEQU			
100		Conditions, if any, which gave rise to immediate	(b) Cord	ac arrest		
5 4		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF O	- 1045	
or o			1 10 Puloco		on and CHF	
o bu	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
ğ à 7	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF Y	ES, WERE FINDINGS USED
ws o	FIC	, and a second s			IN CERT	IFYING CAUSES OF DEATH?
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OI H		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	(Elater INTOKE OF HADDY HALLEN IS	, ran I On ran I 2)
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ō p	MEC	WHILE NOT WHILE	(AT HOME STREET FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
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F S			oital) attended the deceased from		, fa	, 19, that (I) (we) last
E 21			ot view the body after death.	, and that in (my) (aur) apinian	a death accurred an the date and ho	
# # # # # # # # # # # # # # # # # # #		22b. SIGNATURE	0	DEGREE	MEDICAL STAFF	22¢ DATE SIGNED
T T		K	· your	PHYSICIAN	DIRECTOR PHYSICIAN	
PORTANI		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	27e ADDRESS	. 2	
£ 0/		Kabi	1 awil		ich Raven Bh	1d.
s <u>s</u>		BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	2 COUNTY STATE
		Burial		Holy Redeemer	"Barto., Mo	
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5 4)	1	3331 Brohms	Lane. Balto.	Md. 21213	80 1987 Julia	Janes Marie



STATE OF MARYLAND



0454651	FR 17	FOR STATE TREGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 REG. NO.	4 1 5 8	
	10 17	DECEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR	
o e o e o e o e o e o e o e o e o e o e	(1	YPE OR PRINT) Tiffar	ny Catie Cr	umble	Febuary 10, 1	.987	
noy be page 3	1	SEX	A RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS	
or, p	3.	Female		MONTH DAY YEAR		MONTHS DAYS HOURS MIN	
oge ect	4		Negro	December 29,19		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
4 4 4	8 Z/0	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Easton, Md.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED			
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- E E E	3010	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	AG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY	
10 s of	2/	Baltimore /	Mercy Hospit	al	Student		
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ND 24	N	laryland Care		lsburges X NO [Sunshine Road	1 4632	
MARYLAND thin 24 thinky filled	E A	FATHER'S NAME	AIDDLE LAST	IS MOTHER'S MAIDEN N	AME	IAST	
W T W	記し		mble, Sr.	Jennifer	E. Johnson	1701	
	9 / 16	WAS DECEASED EVER IN U.S. AR		JRITY NO. 17 INFORMANT	ADDRESS Fed	leralsburg,	
BALTIMORE	Z	NO (F YES, GIVE	219-96	-4772 Jennifer	Johnson, Sunsh		
BAL I YEL	6	18 CAUSE OF DEATH (Enter on	ly ane cause per line for (a), (b), and BY:	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	E	IMMEDIAT	E CAUSE (o) Seal	~		Tweek	
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deoi deoi	troum	Conditions, if any, which	(10) milete	of ventrull	pertueal.	samp	
the same	er tr	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF			
	to l	underlying couse last.	(10)				
w 2 5 0 2.	injury, or	PART 2. OTHER SIGNIFICANT C	VEN IN PART 1(a)				
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ITA ITA Sicio ore bre post	g - 1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	214 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18.		
CIAN: The g physicio errificote iol-transit notel Hygie	-/ /	OR CONTRIBUTING TO CAUSE OF DEA		AY YEAR			
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OlVis Offer the Street the ond	orked	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TOWN	COUNTY STATE	
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Spito of to	21	sow the deceased alive of above, (1) (we) (did) (did)na	view the body after death.	and that in (my) (our) opinion	death occurred on the date and hou	ur and from the causes stated	
OR AT OR AT DIREC oched f Dept.	He He	226 SIGNATURE		DEGREE		221. DATE SIGNED	
AL the part of the	*		~~~	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	17/18/2	
40SPITAL ned by th FUNERAL Jid be det	A A	22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	22e ADDRESS			
TO HOSPI retoined b TO FUNE should be with the S	MPORTAN	G. Lee Rus	so. M.D.	1205 York	Rd., Luthervi	lle, Md.21093	
of of shoot	₹ 23	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY			
		(SPECIFY) Burial	14,1987	Federal Hill	Federalsburg	, Caroline, Md	
DHMH-16 60M 1/73	24	ELINIEDAL DIDECTOR	Ireb.	ederal chura la m	ERCO C PROMOTOLY DELIS	TAN SENATOR AND STATE	
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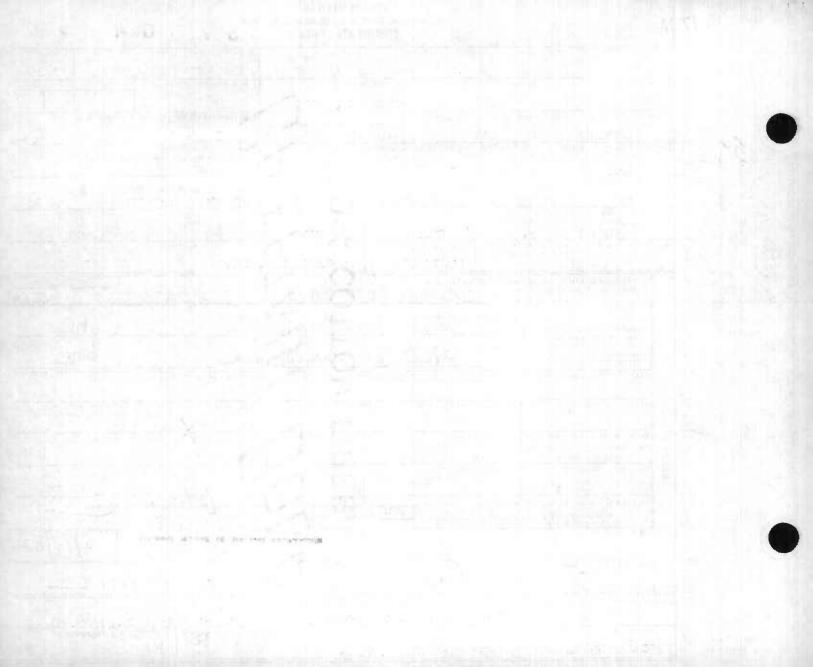
STATE OF MARYLAND

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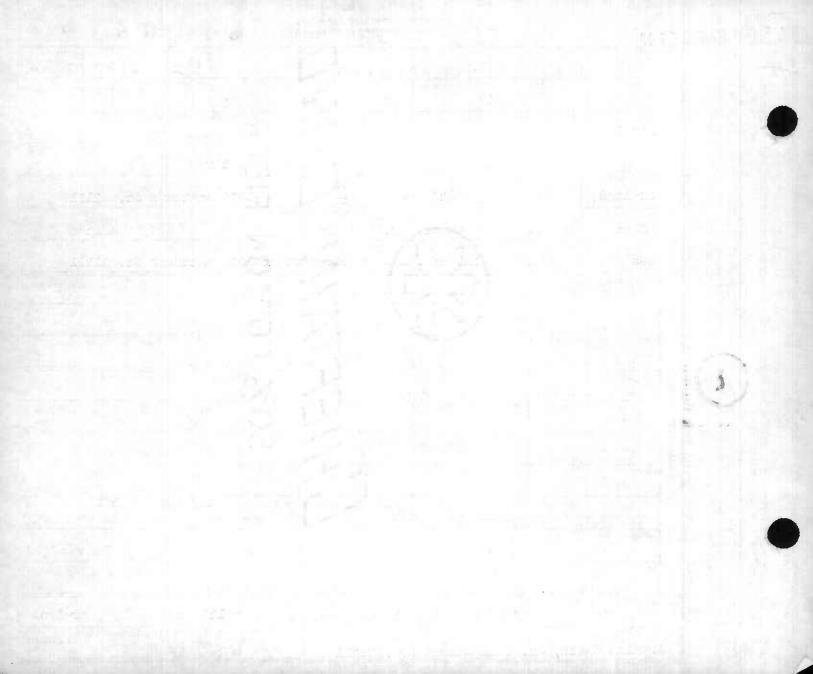
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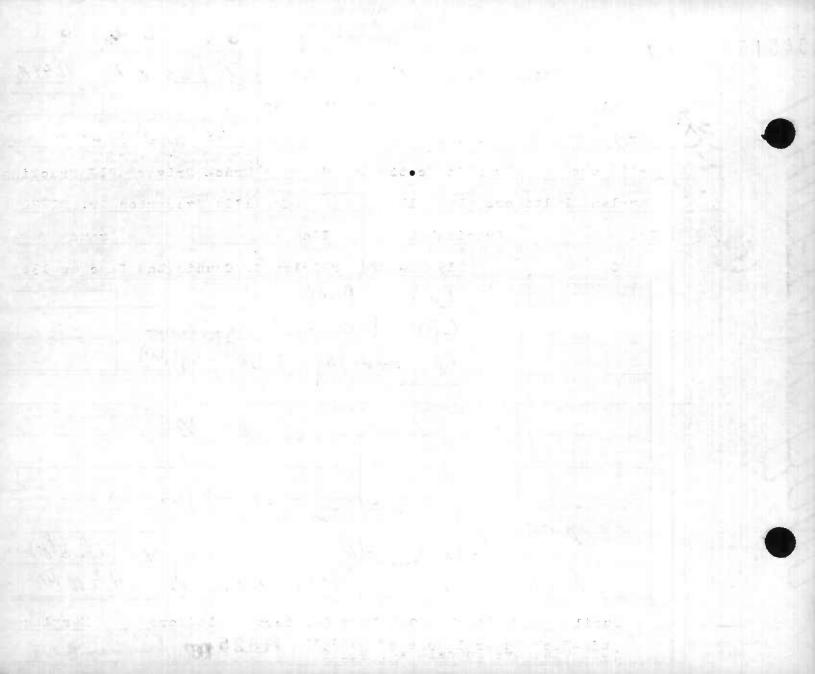
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ER Cathun outhing	14 F	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LASI	
MAI Po	V	FREDERICK	н.	CULLUM	1	KATHY	Majore		JAC	
THE GO THE		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
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ION es tho	U		(c)_			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			01	II/O
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AS IN PAS	CERTIFICATION	19a DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATIO	IN WAS PERFORMED	20a AUTOPSY?	20b IF YES, V	VERE FINDIN	IGS USED
LRE Pernep	E						YES: NOW	IN CERTIFYIN	NG CAUSES	OF DEATH?
ATTA	GE	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR	C CON		I OR PART 2)	
CIAN CHANGE		OR CONTRIBUTING CAUSE OF	OFWILL	.m. Month DA		subject reco	overed from	water		
HYSI ding	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CHA CH 10		COUNTY	STATE
RELEASE NG PHYSICIAN: after this certificat os the buriol-from the and Mental Hyg	X	WHILE NOT WHILE XX	K (AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	near Otter F	100 - 100			
A At At Smo	-	220.1 certify that (I) (this ho	ispital) ottended tl	he deceased from_	2	113 1987	to 12/11	Harto	To.	Har MCLei lost
V /2 of H		saw the deceased alive above, (I) (we) (did) (did	not) view the bad	after death.	8/.6	nd that in (my) par) opinion	death ground and the do	te bergan	My me	cover stated
OR A POSSIBLE OR A POSSIBLE OF		22b. SIGNATURE	///	1		DEGREE	APPROVED BY MEDICAL	ENGRAPHER	TIC DATE	IGNED ST
AL CAL Deto			. 00	1-1.		PHYSICIAN [MEDICAL STAP		1 4	13/04
HOSPIT ned by FUNER FUNER I'd be I'the Sti		226. PHYSICIAN'S NAME TH	_	11011	DT TO	22e ADDRESS	0010	Mara		
O HOS!		JACK	CSON	MANG		70An 41	opkins	Hospi	TAZ	_
56 -23 5		BURIAL, CREMATION, REMOV	AL 236 DATE	23c N	NAME OF	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	r	OUNTY	STATE
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(VRA 15, 4)	MI	TCHELL FUNERAL HO	ME PA, HAV	RE de GRACE	, MD. :	21078	LU I I NO.	0		



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0 4 6 FEB		ISTRAR			CER	TIFICATE OF	DEATH	O REG.	NO.) 4 :	0 0
	I. DECEASI		FIRS1	MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
eath eath	TITPE OR PRI		hn	T.	Cumo	r, Jr.			2	2087	305A
p d	3 SEX	H	4. RA	CE	5. DA	E OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
ors aft		ale		White	0.	5 08 E	24	62	YRS		HOURS MIN.
2 19 1	7a. BIRTHPI	ACE (STATE OR FOR	EIGN 76. CT	TIZEN OF WHAT CO	DUNTRY? 8	RIED MEVER	MARRIED -	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
35		ryland		USA	WIDO	WED D	DIVORCED	Hi ltimor	e City	y	М
1911	10 CITY OF	TOWN OF DEATH		NAME OF HOSPITAL	, NURSING HOA	E OR OTHER INS	STITUTION	120 USUAL OCCUP	ATION	12b. KIND C	F BUSINESS OF
79		altimore		Union Me	morial H		21218	Retired		INDUSTRY	
مر ق	USUAL RES		HOME OR OTHER	INSTITUTION GIVE RESIDE	OR TOWN		CITY LIMITS?	13e.STREET_ADDRES	S / 710 CC	NDE .	
CC		yland "		Bal	timore	YES X	NO [3026 Mat	thews	St. 21	218
5 5 %	14 FATHER	SNAME					R'S MAIDEN NAM				
(1)	J	ohn	T.	Cu	mor, Sr	. Ef	fie	MIDDLE		East	
0		ECEASED EVER IN		ORCES? 166 SOC	IAL SECURITY NO			ADI	DRESS	Dabe	
nedic	TYESTNO	OR UNKNOWN) (WW II	OR DATES) 217-	18-5417	Mildr	red Cumor	r 3026 Mat	thews	S+ 212	11
he n						-	- Cu Cumo	2 0020 1140	CIICWA		
at,	18 C	ART I. DEATH WAS	CAUSED BY	couse per line for io	1 4	2 2004	1.1		. 4	BETWEEN	MATE INTERVAL ONSET AND DEATH
eve		IM	MEDIATE CAL	JSE (0)	rdiec.	arrest	/ pulm	mary arre	3/		
o o				DUE TO, OR AS A,CC	ONSEQUENCE O	F					
aum		ditions, if any, w		(b)	MROKIL	encyh	alogath	7			
er tr	cau	e rise to immed e (o), stating		UE TO, OR AS A CO	SEQUENCE O	F					
5	und	erlying couse	lost.		erdiac		and a	or hey than is	2. 5		
1 1	PAR	2 OTHER SIGNIF	ICANT COND	ITIONS CONTRIBUT	ING TO DEATH	SUT NOT RELATE		INAL DISEASE OR CO	ONDITION (SIVEN IN PART 1	0
1 1	20 (monen	garte	y disease	hyp	stensis,	alcol	solism			
-	¥ 190 D	ATE OF OPERATIO	1	96 CONDITION FOR	1			20a AUTOPSY?		ES, WERE FINDIN	
100	I F							YES TO NO A		TIFYING CAUSES	OF DEATH?
	CERTIFICATION 510° D	ACCIDENT WAS UNDERL		16. TIME OF INJURY		21c. HOW II	NJURY OCCURR	ED (ENTER NATURE OF IT			
E		ONTRIBUTING CAU	SE OF DEATH	HOUR A.M. MON		AR					
or He	~	THER NOTIFY MEDICAL		P.M. Te PLACE OF INJUR		9 21f. LOCAT	ION				
edo		E NOT WHILE		AT HOME STREET, FACTOR			ET	CITY OF	NWOT	COUNTY	STATE
Jork	AT WC				d from 2	201	5.0		-	5-0	
\$.				trended the decease	d non-	20/			70		that (It (we) to
2			(did not) view	the body ofter dear	th.		// (our) opinion o	leath occurred on the	date and h	our and fram the	couses stated
If the	22b S	IGNATURE	1	p		DEGREE	ATTENIDING	MEDICAL S	TAFF	224. DATE	SIGNED
ANT	- 4	Ville	-66	onges	m	0		MEDICAL S	SICIAN	21	20/87
TAP I	22d F	HYSICIAN'S NAMI	E (TYPE OR PRINT	, //		22e ADDRE	SS	FF			
- 0 /	ally over	Willie	С.	Convers		Unic	on Memor	ial Hospi	tal		
÷ d									halid de		
with the Stote I	23a BURIAI	CREMATION, REA	MOVAL 23b	DATE	23c NAME C	F CEMETERY OR	CREMATORY	23d LOCATION Baltim		COUNTY	
TO FUNERAL should be det with the Stote		Willie	C.	Convers	Dell'	Unic	on Memor	ial Hospi	tal		

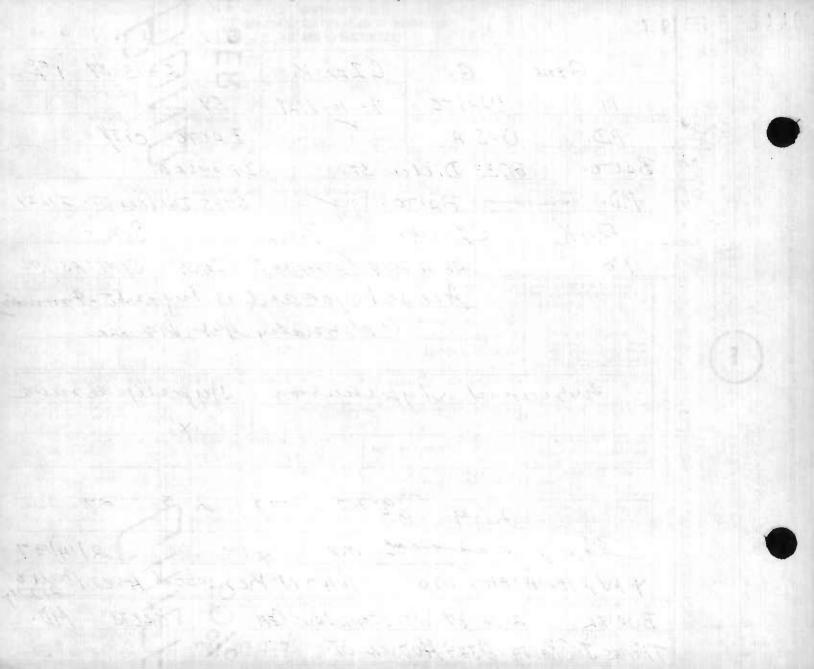


(VRA 15, 4)



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1000 1				STATE OF MARYLAND		
4698 FEB	33	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC	GIENE	4 1 6 3
		REGISTRAR		CERTIFICATE OF DEATH	S REG. NO	
		CEASED NAME FIRST	WIDDLE	LASI A STATE OF THE STATE OF TH	20. DATE OF DEATH MONTH	DAY YEAR 76 HOUR
poge 3	(1117)	GENE	G.	CLARSKI	2-,	13-87 1 AM
. 9	3. SE	M	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rs oft	5,	///	WHITE	4-10-1927	59 YRS	
P S S		RTHPLACE (STATE OR FOREIGN	TE CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
Tal Za		MD.	U.S.A.	WIDOWED DIVORCED	BALTO. C	CITY MD.
d with	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	176 KIND OF BUSINESS OR INDUSTRY
D 00		DALTO.	2733 DILL	ON ST.	DISABLED	
d be	USU/ 13a S	TATE A A 136 COUN			13a STREET ADDRESS / ZIP CO	DE ,
E 3 E		MD	- BAL	TO . YES A NO [N ST. 21224
K Kain Sh	14 FA	THER'S NAME	AIDOLE 1 - LAST	15 MOTHER'S MAIDEN NA	MIDDHE MIDDHE	1A51
and the state of t		FRANK	CLARSH	1 VIOLA	(0805
Pages Pages		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
S. Po		NO	26-20	-2557 CATHERINE	M-CLARSKI	SAME AS 13C
sperior vol.		18 CAUSE OF DEATH (Enter and	y one cause per line for al, (b), o	nd (c=)	1 00	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
even even		PART I. DEATH WAS CAUSED IMMEDIAT	E CAUSE (a)	seryocar	dia Inja	Eesto - Immed
afic afic			DUE TO, OR AS A CONSEQU	JENCEOF	10.	
183		Canditians, il any, which	(b)	Coronali	y ster no	case
t hi		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
1		underlying cause lost	(c)			
6111	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE LERA	MINAL DISEASE OR CONDITION C	SIVEN IN PART TIO
y in the	CERTIFICATION	wine	unas It	ypernusion	JAG KOW	YES, WERE FINDINGS USED
e prior	FICA	19a DATE OF OPERATION	196 CONDITION FOR WHIS	OPERATION WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH?
show	E I	710 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1212 HOW INTURY OCCUR	RED (ENTER NATURE OF INTURY IN ITEM)	YES NO
certificate unal-transit tentol Hygic tentol Hygi tent		OR CONTRIBUTING CAUSE OF DEA	I comment a see as married to	DAY YEAR	LENIER MAJORE OF INJURY IN HEM !	S PART I OR PART 2)
	MEDICAL	(IF EITHER NOTHY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
the bind w	MEC	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY
olth onk		AT WORK AT WORK		9:37: 107	7. 2.9-	10 87 de 10 6 mb 10
Hed is n		saw the deceased alive an	tal) attended the deceased from	Chap. 14	death occurred on the date and h	, 19 that (I) (we) last
ned for		abave, (1) (we) (did) (did nat) view the body ofter death	DEGREE		226 DATE SIGNED
000 =		Chr. 1	un	MD ATTENDING	MEDICAL STAFF	2/14/87
Stote deta	1	224 PHYSICIAN S NAME (TYPEO	RPRINT	PHYSICIAN 9	DIRECTOR PHYSICIAN	10/19/01
should be det with the Stote		Y. KIRAMI	AIAH, MD	447N-	Kenwood.	Ave Bacro
Shound Shound	22- 1	SURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	1236 LOCATION	2/221
	/30, 1	RESPONDE	2-16-87 3	T. STANISLAUS CA	CITY OR TOWN BY	JOHNTY MATE
	24 FI	DURIHA UNERAL DIRECTOR	0-10-01		TE REC'D. BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
- 16 50M 4/83 RA 15, 4)	-7	HOMOS T. SKA	m 2829 M	D. SON ST.	AT A 1007 Luka	Madigo Walley
AM 13, 4)		16/10 0 01/44	NI 000/110	00.10	S & S & AMUI PI	A S SHEA



6-9 7 FEB	9 8	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S 7 CERTIFICATE OF DEATH CERTIFICATE OF DEATH							
. 26		CEASED NAME OFFICE	JEROM.	MIDDLE	1	CZARSKI	FEB. 16,19				
9000					4.				11:40A _M		
	1. SE	M	4.	WHIT	E	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER I YE MONTHS DA			
1000		RTHPLACE (SUNGER)	ILIGN 7b	CITIZEN OF WHAT	COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF BALTIMOR		MD		
uted in by the fundated be filed with	W.	TY OF TOWN OF DEAT ALTIMORE	200	. NAME OF HOSPI' (IF NOT IN SUCH FACILI JOHNSHOPK	TY, GIVE STREET	G HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTI	OF BUSINESS OR RY		
Filled in 1	USU.	AL RESIDENCE (IF MURSIN	3b. COUNTY		SIDENCE BEFORE		13. STREET ADDRESS	ZIP CODE	2/224 for		
300	14. FJ	FRANK	MID	OLE CZA	RSKI	15 MOTHER'S MAIDEN N	MIDDLE	SOB	SOS		
Poper Poper		VAS DECEASED EVER IN		D FORCES? 166 S	S-26	1581 PATRICIA E.	CZALSKI	SAME	45 13e		
yaco yacı t.fhe		18 CAUSE OF DEATH	(Enter only o	one couse per line fo	r (o), (b), one	l (c).)		APPR BETWE	ROXIMATE INTERVAL		
Had on the		PART I. DEATH WA	MMEDIATE (Cardi	pulmonary Arr	est	10	0-15 mins		
ottendin hove carb notes, or traumatic		Conditions, if any, gove rise to imme	ediote	DUE TO, OR AS A	Hem	orrhage from	tracheostor	7 3	0-40 min		
F)		couse (a), stating underlying couse		DUE TO, OR AS A	Lary	. 1 /	-		guears		
	NOI	PART 2 OTHER SIGNI	1	NDITIONS <u>CONTRI</u>	BUTING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART	lio		
2 de la composition della comp	CERTIFICATION	190 DATE OF OPERATION	ON	196 CONDITION	FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO		
FETTE	1000	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	HOUR A.M. A		Y YEAR 19 21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUR'	TIN ITEM 18 PART I OR PART	2)		
the his or and Ma had or I	MEDICAL	21d INJURY OCCURRE		21e PLACE OF INJ		211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE		
A mo		220 I certify that (I) (I	this hospital)			21/6 1987	2/16	19 7	, that (I) (we) lost		
2 g 4 CD		saw the deceased abave, (I) (we) (di	d) (did not) v	2//6 riew the body ofter o	leoth.	, and that in (my) (our) opinion	death occurred on the do	e and hour and from t	the causes stated		
AL DRE detoches one Dept		226. SIGNATURE	en 1	O. Date	ue n	PHYSICIAN	MEDICAL STAFF	N	2/16		
O FUNER Double be- outh the Sharp		5 teve	-	1 1 -	erre	mp 22e ADDRESS 600N JHH, 60	WOLFW ST	7. Balt	mel alzes		
P	1101	WIAL, CREMATION, R	EMOVAL	23b. DATE 2-19-87	23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	BALL LO	MD		
14 5011 4/00	24 FL	INERAL DIRECTOR				25m (2m)	F REC'S BY REOFFIRAR 2	A LIGIS	The section		

DHMH - 16 50M 4/83 (VRA 15, 4)

